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# MEDICAL EDUCATION

A report of the splendid work being done by the Council on Medical Education of the American Medical Association in its efforts to raise the standards of our medical colleges

YESTERDAY we spent at the annual meeting of the Council on Medical Education of the American Medical Association. From all parts of the United States the men most deeply interested in this important topic had gathered; and the assemblage was one with which any man might be proud to be identified.

Reports were presented giving the results of the State Board examinations as affecting the standing of every medical college in the United States through its graduates. In regard to several institutions with which the writer was formerly connected, the reports made him glad—and sorry—that he no longer participated in their work.

The reports showed how wide-reaching is the consideration of medical education, and how difficult the solution of its problems. The southern medical colleges agreed to exact from candidates for admission to their freshman class a four years' attendance at high school; but it appears that in Alabama and Tennessee there are but two high schools that afford a four years' course. This would render the medical schools of those states inaccessible to all except graduates of these two schools. But if the southern schools do not raise their standard, the best of the southern students will continue to enter the northern colleges, whose standards are higher, whose clinical facilities and laboratory equipment are better, and whose diplomas confer prestige.

Meanwhile the insufficiency of preliminary training renders it impossible for the medical schools to exact a higher standard from students too ignorant to comprehend the instructions given them. This last paragraph is not intended, however, to apply to schools of any particular section. As Vaughan said in his beautiful little address, despite its disadvantages the south has produced her full share of the illustrious members of our profession. To the list of those whose names he mentioned might well have been added the name of Dr. W. A. Evans, who came here from Mississippi fourteen years ago, and who has won the love and respect of the entire profession to such an extent that his recent appointment to the head of the health office of this city met with universal acclamation from physicians of every clique and party.

In the meantime medical education is still so defective that the assertion was made, and not denied, that three-fourths of the graduates turned out of the colleges each year are defective.

It is interesting to note by what slow and feeble approximations men endeavor to reach the true and the right. The less a man is to be trusted the more assiduously he cultivates the outward forms. Here men spoke only of lengthening periods of instruction. Not one word was said indicating a disposition to trust the examining boards to determine the fitness of a candidate, regardless of the time and manner in which he acquired his knowledge. Yet the main point, as was evidenced by the discussion, is not how many years a man spends in high school, college or medical institution, but whether he is fit to conduct a laboratory! Yes, we know just what you are saying—you *mean* his fitness to practise medicine—but if anything of that sort was mentioned yesterday it escaped us; while it was distinctly stated, as the sentiment and belief of more than one, that the candidate's proficiency on laboratory matters should be valued at 90 per cent of the entire examination.

An experience of a quarter of a century in teaching medical students, twenty years as a medical editor, and several years as a medical examiner, warrants the writer in expressing the opinion that the crying need in the medical profession today is not for proficiency in staining bacilli, but for a larger capacity for logical thought. Behind the professional qualifications is the man himself. Many a fool goes through college and sports the degrees of scholarship. Many a man can pass the stiffest examination with flying colors; he may be even qualified to take charge of a pathologic laboratory and do his work there faultlessly; yet put him down to the duties of a clinical physician and he may be beaten out of his boots by some illiterate fellow who cannot write a prescription without misspelling half a dozen words.

One salutary note of warning was heard: Van Meter of Colorado stated that the examining board of California refused to allow a candidate to come up for examination, because a part of his education in chemistry had been received in a literary college instead of a medical school. The legislature took alarm, evidently failing to see wherein the people of the state were protected against incompetent physicians by such a ruling; and the result was that the door was opened to the numerous families of quacks known collectively as drugless doctors. Over 450 of these gentry therefore received the state license to practise; whereas, if they had come before the state examining board few, if any, of them would have been licensed: another instance of over-nice theory that didn't pan out. We have heard, although we cannot now verify the item, that the irregular practicians in California now outnumber largely the members of the regular, homeopathic and eclectic schools taken together. If this be a fact, the legislator and the real doctor might well sit down and ask himself the question as to whether the medical laws in force really protect the people of the state.

We desire especially to express our appreciation of the work of this committee. They are going at it right and should have the unqualified support of all who believe (and who don't) in elevating professional standards. Instead of turning over the whole state to a favored few and declaring all the rest disreputable, without recourse, and advertising them as such, they are giving all advice to come up and advising with them how best to do it. That's square, that's American, that's right.

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Conflict there must be where there is progress, even if in words only. —Julius Pagel.

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## THE WORLD DO MOVE

The writer has just received a circular letter from the publisher of Osler's "Practice of Medicine". In this letter occurs the following highly significant sentence: "Notwithstanding Osler's reputed inclination to therapeutic nihilism, more attention has been given to *treatment* in this edition than in any previous one."

Those who know Dr. Osler need no assurance that he would not have given increased attention to the matter of practice unless he believed it to be right to do so, apart

from any such consideration as increasing the sale of his book. This shows that the pathologist has felt the demand for greater practical utility and acknowledges its justice. Logically it follows that he was wrong in giving less attention to this matter in previous editions; and in heeding the demand from the mass of the profession he acknowledges the superiority of its collective judgment and shows his own sterling good sense at the same time.

Whatever we may think of the individual doctor, we have a tremendous respect for him as a body. We may pick flaws with any individual member, but the views of many thousands of him are not to be ignored. Fads and fancies may swerve the masses to one side or the other; extremists may by loud-mouthed ranting make it appear that the whole profession has broken loose from the mooring of common sense, but in the end the sober judgment of the profession will be found pretty close to the truth so far as it is known.

## DO YOU KNOW DRUG THERAPEUTICS?

From time to time we have endeavored gently to insinuate into the consciousness of the professional body politic our conviction that there might possibly be some improvement in our collective knowledge of therapeutics, especially that of the drug variety. We may have intimated that, before condemning the entire materia medica as useless, it might be well first to make sure that our knowledge of its capabilities has been exhaustive. The following quotations may indicate the correctness of our view. For their collection we are indebted to the *National Druggist:*

"There are many physicians, particularly among recent graduates of some of our best medical schools, who can not write prescriptions at all."—*St. Paul Medical Journal.*

"Very many physicians are incapable of ordering several ingredients without making an unpalatable, incompatible or unsightly mixture."—*Critic and Guide.*

"A large number of physicians have never seen the Pharmacopeia, have never used it, never were taught anything about it."—*California State Medical Journal.*

"One great reason for the flourishing business in proprietaries can be laid at the door of the profession directly, that is, their ignorance of the action of drugs and of methods of combining them. The subject of therapeutics is all too imperfectly taught in our medical schools, while that of prescription writing is almost completely ignored."—*H. C. Wood, Jr.* [As the teaching of therapeutics at the University of Pennsylvania has for many years been in the hands of Dr. Wood's father, this may be taken as a frank confession.—ED.]

"The cause of the extraordinary use of proprietaries is largely the delinquency of the medical profession shown in indifferent study and careless diagnosis."—*Alfred Stengel.*

"It is not far from the mark to say that nine-tenths of the graduates in medicine know little or nothing of pharmacology."—*New Orleans Medical and Surgical Journal.*

"It seems to us that this increasing ignorance of therapeutics and of prescription writing should bear a part of the blame for the abuse of which we complain" [the demand for proprietaries].—*J. A. M. A.*

"If better results are obtained from using proprietaries it is because the average physician does not know enough about medicine to write a prescription."—*Frank G. Wheatly.*

"These preparations are constantly multiplying because not enough time is spent in the study of therapeutics in the undergraduate and postgraduate schools."—*Oliver T. Osborne.*

"Pharmacology and Therapeutics are neglected relatively by many of our medical schools. Too often the usefulness and the limitations of drugs are neglected. If the student were fully taught the physiologic action of drugs, the art of prescribing, etc., he would not have to depend on proprietary medicines."—*Frank Billings.*

With the ripe knowledge of therapeutics indicated by the above expressions cramming his noddle, we are scarcely surprised to hear the product of such a system of instruction grandly proclaiming that there is

nothing in drug treatment, or that there is no treatment for strictly medical diseases. If we only recollect that the man who is talking thus speaks only for himself, no harm is done. Unfortunately the public takes it for granted that he is speaking for the entire medical profession.

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Even the noblest cause is marred by an advocacy which is either insincere or foolish.

—Theodore Roosevelt.

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## GOOD WORK OF THE COUNCIL OF PHARMACY AND CHEMISTRY

The writer does not recall that he has ever prescribed or dispensed a preparation, proprietary or otherwise, of a medicinal nature, with the essential ingredients of which he was not familiar—sufficiently so to enable him to apply it to the best of his judgment and to determine the results of its application based on that knowledge, and that this is the right and privilege, *as well as the duty*, of every doctor has been and yet remains his belief and teaching; and while at times preparations may have been presented through the pages of CLINICAL MEDICINE not so known by the reader, in all probability they were of record at this office as so many are. In any event, such has been our strenuous endeavor for the past several years; and while holding to the right of honest commercialism to present its wares in any honest way it pleases, we do not and will not advertise potent medicinal substances through our columns unless we have this knowledge and know it to be freely available to all our readers.

No doubt, at times, we have been buncoed, but we have not knowingly submitted to any such treatment and we have not knowingly submitted any such indignity for the consideration of our readers.

We were among the first (two or three years ago) to demand this much of proprietary-medicine manufacturers, and in nearly every case we met with a prompt, courteous response. Receiving this information, supposedly straight and true, from the various manufacturers, and having determined the possibility of such alleged combinations, our function supposedly ended. It was not necessary for us, we thought, to take steps to prove the truth or falsity of the statements received.

In some few cases this information was denied us and in others the information received was not satisfactory, but it usually came all right as the result of some correspondence. Those who refused to give us what we deemed essential information or declined to give the same to our readers, and those who appeared to us to desire to hoodwink by the use of unusual terms, etc., were refused advertising space in CLINICAL MEDICINE. Upon this basis we have turned away fully $10,000 worth of business within the last year. We have also and always objected to exaggerated claims, as we see them, to misrepresentations of buildings, plants, etc., all because we believe that the doctor is entitled to a square deal, and we will not be a party to anything else.

We fully realize, *as you must*, the importance of the advertiser to the financial end; without him it would be impossible to furnish you this journal at less than twice the present price—this outside the further essential fact that he adds materially to the educative value of the publication itself—and yet this fact, this or any other—all others—is no excuse for allowing him to make fraudulent or unfair presentations contributing to the undoing of the doctor professionally or financially, direct or otherwise.

Holding these views, and abiding strictly by them, we have formulated them into a set of "rules and regulations" which, with some expressions of opinion, will be found at the head of the "Publishers Department," this issue. Favor me, please, by reading them right now, when you will appreciate and enjoy what follows, all the more.

Two instances of our having been buncoed, aside from the many we have thrown out because we found they were advertising to the laity, are just now well in evidence in the labordine and campho-phenique preparations which have been brought so promi-

nently, so properly and so ably before the medical profession by the Council of Pharmacy and Chemistry of the American Medical Association, within the past few weeks. We were probably among the first, a year or more ago, to demand their formulas, which, after some lengthy correspondence and some hedging, were submitted. Not realizing at that time how deep in depravity some specialty promoters were, though fully alive to the contemptible two-facedness of the "dope-for-quackery" manufacturers masquerading in ethical garb, we did not deem it necessary to test chemically the truth of the statements presented, and again admitted these preparations to our pages; but now, the fact that they are both fraudulent having become evident through the excellent and, to our minds (outside of advisory uplift for the honestly mistaken), legitimate work of said Council, we have very promptly cast them out and desire to apologize to our readers that by reason of our *erroneous* assumption of their honesty we ever presented them.

No doubt they are good preparations in their place. No doubt many have come to use them as entities and have found them good. Possibly some will continue to use them, but *they are fraudulent.* Lies in themselves, they have been lyingly presented to the medical profession, and the fact that one of them at least (labordine) was made by one of the "big-reputables"(?) and has been so made for years, is no excuse for its further existence. Probably the Mallinckrodt Chemical Company made the preparation according to the formula submitted to them, and made it correctly; but if they continue to do so, in full knowledge of the basis upon which it is promoted to the medical profession, they certainly ought to be ashamed of themselves.

Anyone interested in the full text of the exposé of these two preparations will find the same in *The Journal of the American Medical Association*—labordine in their issue of March 30, and campho-phenique in that of April 20; and any reader of *The Medical World* will find the labordine exposé on page 208 and following of its May issue.

One point to be considered in connection with these two preparations (and the same is true of some others) is that neither of them is marketed either by a reputable pharmacist or a reputable physician. They are both essentially in the hands of the laity and, so far as the writer's knowledge goes, always have been; therefore, not only have these frauds been handed down from dynasty to dynasty, but the importance of them was lost in the minds of their promotors in their desire to make money out of the medical profession, regardless of consequences, and the fact that a good many other preparations are being so handled should not be lost sight of by the doctor; and the further fact that most of these, as well as the great majority of the preparations handled directly to the laity, are made openly by the "great ethicals," who thus aid and abet poor and usually disreputable commercialism to rob the medical profession through the retail drug trade, department stores and mail-order houses, should not be lost sight of by those thus persistently and consciencelessly fleeced.

Outside of The Abbott Alkaloidal Company we do not know of a single maker of a general line, competing for favor with the medical profession, who can truthfully say that he does not and has not for years knowingly made goods labeled and wrapped or sold in bulk to be so handled and sold direct to the laity, thus fostering self medication, to the detriment of the people and the undoing of the doctor. Some are worse than others, 'tis true (some of our biggest and best manufacturers, those who have the heart of the present Council movement in their fist, being fairly rotten); but if there is one willing to submit to an examination of all books and records on this count, let him say so and he shall go on the roll of honor at once.

In this connection I would call your attention to the excellent work of *The California State Journal of Medicine* in bringing so prominently before us the "viavi" fraud, an exposé which is republished in *The Journal of the A. M. A.* for April 27. This is good work, Brother Jones, keep it

up! I only regret that space prevents our giving the whole article. The substance of it is that these people, already of great wealth, went out to dupe the laity, playing upon woman through her peculiar ills (imaginative or otherwise), using every wile of secrecy, confidence, the lady attendant, etc., known to the trickiest in the trade, to separate poor suffering humanity from its money. Words are none too strong with which to characterize such cupidity as the above. Not only should we use our most earnest and continued effort to suppress these quackish monstrosities, but we should boycott every manufacturer, whether lay promotor, professional grafter, or both, who does his work dishonestly, as the promotors of the campho-phenique preparations and labordine have done.

I am aware that both these preparations have changed hands within the past few years, and I am told that the lay owner and promotor of labordine claims to have had no knowledge of the formula, but took things as he found them, errors and all, and pushed the thing along. This may be a sort of an excuse for him, but it is all the worse for the doctor who has been duped, and yet a *good thing*, for it opens his eyes, or should, to the possibility of what may be occurring more frequently than he thinks.

Perhaps the same is true of the campho-phenique, for I know well its erratic course from its inception into its present hands. Whether or no, the only salvation for either or both of them is to take their medicine and quit or get right, be square hereafter, and live this down. Probably (for that's the present unfortunate tendency) both will "go to the laity," and while they may have doctors' testimonials enough and gall enough to float them, they will not find the laity of today so easily duped as that of yesterday, while the laity of tomorrow, if the physician attends to his knitting, is dead sure to be a tough proposition for all quackishness.

So far as we know, under our platform of honesty and a square deal, our pages are honest. If any reader knows them to be to the contrary we shall appreciate the documents; and, being satisfied that they are correct, will act promptly thereon. CLINICAL MEDICINE is no truckler. It asks for nothing to which it is not entitled. It was founded on heart-full fact. It has been built up through hard work, by the favor of the rapidly increasing thousands who believe in its teachings—who seek to foster personal and general professional uplift along practical lines. It has its own principles and stays with them. It believes them to be right, and as such stands for them, while fearlessly decrying what it believes to be intentionally wrong in others, and always with the best interests of the medical profession at heart.

Upon this basis it dislikes very much to see persistently presented in the pages of the great *Journal of the American Medical Association*, otherwise in a large measure most commendable, principles tending to tie the hands of the doctor, to deliver him to retail pharmacy (sometimes his best friend, but too often his worst enemy) and to foster lay medication through direct drugstore supply, thereby helping to lay the doctor on the shelf.

An example of this is its persistent carrying of the advertisement of Buffalo lithia water, simply because it is a *water*. But it is not advertised merely as a drinking water. It violates every principle of ethics in advertising, as we see it, for it is now being advertised to the laity as a cure-all for calculi, Bright's disease, etc., etc., and yet this advertisement is constantly presented in the pages of the *Journal* where, as an example to all journalism, there is supposed to be found nothing but absolutely ethical preparations. If Buffalo lithia water, doing no commensurate good to the people but much harm through lulling them into false security till too late, takes one dollar from the medical profession per year it takes a million—and some of it comes out of *your* pocket. How does this strike you? Is it any squarer to have a thing of this kind advertised in *The Journal of the American Medical Association* than it would be any-

where else? Or than to have any other preparation whose sole purpose is to foster the habit of self-medication, to the detriment of the people and the doctor, their servant? Possibly a word from you on this subject addressed to the editor of the *J. A. M. A.* would be of interest to him and would do some good. A copy to CLINICAL MEDICINE will be appreciated.

As we have intimated more than once in these pages, we believe that the Council of Pharmacy and Chemistry, under the regulations made for them, is forced to go too far, the result of which is two-fold:

Too great freedom for the retail druggist and great injustice (just now mainly exercised upon American manufacturers in general) bound to result in driving many disgruntled manufacturers straight to the laity; and they are moving right now.

For example: There is before the State of Illinois at this moment (and it has gone to second reading) a bill "exempting from the operations of pure food law and pure drugs law, drugs recognized by the U. S. Pharmacopeia and the National Formulary, sold under the name by which they are so recognized." Now if there is anything on earth that is uncertain it is the galenical preparations sold in the retail drugstores. If there is anything that is susceptible of sophistication any more than these it is not known to the writer. Therefore, why should they be withdrawn from the action of the pure food and drugs laws. They certainly should not; and any effort to do so merely brands itself as a movement on the part of drugdom, to do just as it pleases, while seeking the control of everything and everyone else—especially the doctor!

Then again, on our second point, and evidencing the natural trend right now in evidence, there is a bill pending before this same legislature that provides for the licensing of itinerant venders of proprietary medicines for man and beast. This bill has passed the Senate and is now in the House Committee of License. Doctor, wake up! The number of this latter bill is 341, of the former 130. If you are interested in "saving your bacon" get busy and write your representative to "squelch" these measures and, at the same time, don't forget to tell Brother Simmons, the able managing editor of *The Journal of the American Medical Association* what you think of his making a bulletin board of his pages with the advertisement of Buffalo lithia water, which is a fence-board ornament and a penny-newspaper filler from Maine to California.

And doing this, remember that if we are not giving the doctor a square deal and all others their just deserts we do not know it.

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A man's opinions, look you, are generally of much more value than his arguments. These last are made by his brain, and perhaps he does not believe the proposition they tend to prove,—as is often the case with paid lawyers; but opinions are formed by our whole nature,—brain, heart, instinct, brute life, everything all our experience has shaped for us by contact with the whole circle of our being.

—Oliver Wendell Holmes.

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## LET'S GET TOGETHER

We have occasionally felt compelled to say things which were not entirely complimentary of the "organization" journals; but these remarks were by no means intended to apply to them all, as a class. The state journal has undoubtedly come to stay and occupies a useful and in many cases a necessary field. We have our sprig of olive all ready and are willing to "swap" any time it will meet us half way.

That's the purpose of this editorial. Along with some of the other independent journals we have felt that there was at least a *suspicion* of a scheme to do us to death—if the schemers could—by assailing one of our sources of revenue, the advertisements, and that not always in an open, fair and just manner. We hope we were wrong, and that this zeal in destruction is but the excessive intolerance of "the appearance of evil" so often expressed by the newly converted—especially when it costs them nothing.

Let that pass. We'll believe you square, as we already believe you largely right; we want you to believe that we, too, are

square—though men like yourselves and therefore not infallible. Look us over. Possibly in the past—or even now—we have contributed something to medicine. Try to look a little into our hearts, and we'll reciprocate with yours.

The best way to do this is for all to get together. There is no reason why there should be antagonism between the association journals and the independent journals, and every reason why friendly relations should be established between us. We hope that many of the editors of the state journals will join us at the meeting of the American Medical Editors' Association at Atlantic City. Let us meet on neutral ground and reason together. Please consider this an invitation.

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And what is so rare as a day in June?
Then, if ever, come perfect days;
Then heaven tries earth if it be in tune,
And over it softly its warm ear lays.
—James Russell Lowell.

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## A JOKE THAT WENT ASTRAY

One of Mark Twain's best stories is that of a joke which he constructed so elaborately that it went all over the world and nobody detected the humor in it except the author and his victim. A somewhat similar incident has just happened to the writer: Among our "therapeutics nuggets" there recently appeared the following: "ASEPSIS: —In 5,000 tests Doederlein found that even where gloves, masks, etc., were used, to insure asepsis, the bacteriologic tests were positive. All attempts at surgical asepsis are useless."

As originally written the last line ended with an interrogation point, but somewhere between the writer and the final publication this was lost and replaced by the period, rendering the sarcasm imperceptible even to such a master of humor as the editor of *The Chicago Clinic and Pure Water Journal*.

The item was prompted by the constant repetition of the allegation that intestinal antisepsis is useless because it cannot be made absolute. This assertion goes constantly before the medical public from the lips of men who should be ashamed of themselves to utter such nonsense. The writer makes the same assertion in regard to the impossibility of rendering the skin aseptic and draws the same conclusion, when the absurdity of the assertion is at once evident. The two arguments may be reduced to syllogisms, when the absolute parallelism is evident:

Unless surgical asepsis is perfect it is useless.

Surgical asepsis cannot be made perfect.

Therefore surgical asepsis is useless.

Unless intestinal antisepsis is perfect it is useless.

Intestinal antisepsis cannot be made perfect.

Therefore intestinal antisepsis is useless.

Now if some logician will kindly point out the error in the above argument, we will be obliged to him. And *this* isn't a joke either.

## MAINTAIN THE PRINCIPLE

Now that the Council of Pharmacy and Chemistry has undertaken to separate the sheep from the goats, upon the basis that every person and every product which does not comply with all its rules, regulations, tests and specifications is a goat, it is time to extend the principle to everything else and govern the advertising in the "official" journals accordingly.

We therefore suggest the immediate appointment of a Council of Physical Therapy, which shall examine and pass upon every electrical or x-ray machine, hot-air apparatus, vibration outfit, and every other tool, device or appliance employed in the treatment of the sick. The advertising of unapproved companies should be rejected by our official journals, and the use of unapproved expedients should be strictly enjoined to members of our societies, who should be made to understand, a la Jones, that disobedience is little short of "criminal."

There should also be a Council of Hospitals and Sanitariums, which should pass upon the character and standing of every insti-

tution of this kind. There are some, we are sure, that are not honest. Their examinations should be most exacting and as thorough as possible, so that it shall be impossible for any to exist which do not have the endorsement and the patronage of the recognized "authorities" of the healing art. This would doubtless work some hardship upon the little fellows, but, of course, the "large, reputable, recognized" institutions must receive first consideration.

Finally, there should be a Council of Medical Literature, which should pass upon all the books and other reading matter offered to the medical profession. A nice start has already been made in this direction by some of the official publications, and it could easily be extended by a properly conservative body. Too much optimism ("exaggeration" is the official term) should be rigidly repressed and the whole current of medical thought directed into "scientific" and regular channels—only those upon which all the authorities can agree. The simplification of our literature which this would entail is only one of the many admirable advantages to be expected.

Finally, from the various Councils a Central Board of Control could be created, which would unify their work and trim down or repress any too exuberant enthusiasm which might spring up in unexpected places. By the careful working out and elaboration of this scheme it would soon become unnecessary for any of the ordinary or "garden variety" of doctors to do any individual thinking for themselves—none whatever. The enormous saving in brain-strain on the part of those unfitted, socially or otherwise, for intellectual responsibilities, must commend itself to everyone, except possibly here and there to one who persists in unapproved and presumptious ideas.

## A LITTLE THING—BUT IT COUNTED

A few months ago we published in CLINICAL MEDICINE an item calling attention to an exceptional opening for a good doctor in the state of Washington. One of the "family" wanted an associate, "a middle-aged, married physician," and an excellent opportunity was offered to some one who wished "to escape the rigors of the eastern climate and have a home in a beautiful section of the state of Washington."

There were many applications for the address. Now we get a letter from our Washington correspondent, which reads as follows: "Please do not give my name to any one else. I have found the man I want and am simply swamped with letters of inquiry. Strange to say, the one I want, the *only one*, enclosed a stamp for reply."

There is a whole sermon in that last sentence. It is the neglect of the little things, the simple amenities of life, which may determine failure instead of the success for which we are all striving.

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How unsound and insincere is he who says, "I have determined to deal with thee in a fair way." What art thou doing, man? There is no occasion to give this notice. It will soon show itself by acts. The voice ought to be plainly written on the forehead.

—Marcus Aurelius.

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## DUTY?—WHOSE DUTY?

Quite frequently we receive letters from physicians asking us why we do not have the great city hospitals make tests of and report on the means and methods we advocate and for which we claim such merits. Why should we? Is this essential to truth? We have had many years of experience in the actual practice of medicine. So have you.

We ourselves are devoted to the cause of improving the practice of the medical profession, not as theorists but upon a platform of demonstrated fact proven in the school of hard knocks. We have placed, and are placing, in their hands better weapons—arms of precision—remedies capable of better uses than the old discredited ones. These remedies we advocate are absolutely open, free from secrecy and monopoly: anybody who chooses (and can) *may* make or sell them. There is no string to any one of them except ability—real "know-how."

As each remedy is developed out of our experience and studies it is placed in the hands of the profession, and from the reports we receive concerning it, coupled with our experience, we make our estimate of its value. Our recommendations are not based on our own preferences or, as claimed by some of our critics, on the profit arising from its sale, but are the voice of the profession as it comes to us, supporting our own beliefs and contentions. It may be, as in the case of calx iodata, that the favored article is altogether outside our special line—the active principles—but if the professional verdict is strong, we heed it and urge that which the profession pronounces valuable. Our propaganda, therefore, is automatic as to the relative attention paid to the various remedies we recommend. What is right and best as we see it is what we promote—what we do.

These ideas, remedies and methods, as they are developed, are placed before every physician in the United States. Many of the wide-awake and unbiased men pay attention to the ideas and try out the remedies, using them further if they prove useful in their work. Others neglect to investigate, dismissing the matter with the contemptuous comment that these men "have goods to sell," and when we record the triumphs of these new and improved methods, they simply set us down as commercial liars—as belonging, we suppose, to the class with which they are familiar.

Is it up to us to follow these doubters about and beg them on our bended knees to do their duty to their patients by giving a trial to our methods? They have had the same opportunity others have had; they did not choose to accept it, did not care to make trials. Is there no duty on their part? Why should we alone be expected to do it all? Are we wrong in feeling that when men make acknowledgment that their treatment of pneumonia is a dead failure and that they can do nothing even to influence it toward a favorable termination, while hundreds and thousands of physicians testify to the superior results they obtain from our methods, there is a duty devolving on these unsuccessful ones to give a fair and impartial trial to the methods others find successful?

With the frank, strictly ethical and honorable presentation of our case our duty ends; theirs begins!

There is a further aspect of the case that deserves some attention: A physician had "caught on" to our means and methods, and was employing the alkaloids in such large quantities, that we wrote to ask him why no other physician in his town employed them. He replied, that if he could only prevent them "catching on" to these things for two years more, he was going then to retire from active work for the remainder of his life!

Gross commercialism? Wait a bit. Every one of the others had the same chance that he had. We have placed the matter repeatedly before them all. Our friend took pains to investigate; they didn't. He really wanted to improve his means and methods; they were content to grub along "any old way"—hit or miss. He welcomed any suggestion that would improve his means of treating the sick; they got "huffy" at the very idea that anybody could improve on *them.* Is he not fairly entitled to the results of his enterprise and forethought?

Why, then, should we—how can we—pursue these sluggish, unwilling few and compel them to come in out of the wet? Is it worth while?

## NEW REMEDIES

Among the new remedies lately presented by European chemists we note magolan, cystopurin, paroxin, scopomorphin, mergal, haematopan, tebecidin, monotol, eucol, bromotol, pittylen, harnogen, lumbatol, yoghurt, lithosan, sapalcol, scarlatin-Marpmann, nastin, mixtura Strzyzowski, benzoyl-succinyl-peroxyd, theolactin, parenole, myristina, bromural and eupizin. Evidently American manufacturers will just have to wait awhile before the Council can find time to take up their preparations. Meanwhile we would like to know how to formulate a prescription

containing pittylen, yoghurt and nastin, and how Philip Mills Jones takes his eupizin —with sugar or saccharin?

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The night has a thousand eyes,
And the day but one;
Yet the light of the bright world dies
With the dying sun.

The mind has a thousand eyes,
And the heart but one;
Yet the light of a whole life dies
When love is done.

—Francis W. Bourdillon.

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## THIS IS THE RIGHT WAY

In a letter recently received from the secretary of a state medical society a suggestion is made which is of the utmost importance—one which, if it can be put into practice, will do more to solve the problems of therapeutics and establish the value of alkaloidal and other worthy methods of treatment, than anything that has heretofore been suggested.

The plan is this: A number of the county societies in the state in question have made of themselves post-graduate schools; through these "schools" they are in a position to test suggested methods of treating disease or new remedies of possible value. A number of these societies, throughout the state, can act together upon a single subject, and in this way secure the experience of a large number of absolutely independent investigators. Our friend, the secretary, who is also the editor of the state journal, has suggested that he personally would be glad to coöperate with us in the testing of the alkaloidal remedies and methods. It is hardly necessary to say that this pleases us immensely, and that we will do everything in our power to help this idea along, the only condition on our part being that such rules of procedure shall be adopted that absolute fairness of the tests may be assured.

This is the right method of attacking the problems of therapy. Put things to the test at the bedside, in the actual treatment of the sick. Let us lay aside for the time being theorizing, hair-splitting and rancorous criticisms and get right down to the problem of saving life. If there is a remedy which will save patients such as heretofore you have let die, isn't it right that you should know of it? Isn't it your duty to know? With all due respect to the Council of Pharmacy and Chemistry, and admitting that it has done some excellent work, it has stopped at the point where it should have commenced—the bedside test.

Gentlemen of this or any other state society, go to work in this manner, and you can count on us.

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## DR. TALBOT'S PAPER

Last month we announced the publication in this number of CLINICAL MEDICINE of a paper by Dr. Eugene S. Talbot on "Acid Intoxication and Systemic Disease." We are sorry that we are compelled to defer this "feast of good things." The pressure of other duties has made it impossible for Dr. Talbot to get it ready for this number, but we are promised it a little later, when his studies will be approaching more nearly to completion.

Don't miss this article. Look out for it and for everything else that Dr. Talbot writes on this subject. We predict that these studies will be epoch-making in their effect upon the treatment of the diseases and disorders of metabolism.

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## THE PHARMACOPEIA FETISH

In *American Medicine* R. B. Faulkner advocates the limitation of physicians' prescriptions to the Pharmacopeia. In *The St. Louis Medical Review* the editor comments upon a resolution introduced in the local medical society restricting physicians to the Dispensatory, National Formulary and the monopolies promoted by the Council of Pharmacy, etc. This Dr. Millican very properly opposes on the grounds that it gravely interferes with individual liberty, is reactionary, and sounds the knell of progress; and each of these propositions he displays with a logic that would convince

any reasonable man. By the way, send for a copy of the April 27 issue of Dr. Millican's journal and read this scholarly paper with care. All over the country these efforts are being made to turn the regular medical profession into a sect of restricted practicians. That universality which we have always insisted upon as the true difference between ourselves and the pathies and isms is to be dropped, and we are to be crystallized and fossilized. We won't argue—what's the use!

Already much progress has been made in the exclusion program, and we may formulate a few of the propositions to be included in the coming decalog:

I. Thou shalt not use any drug except those that the Association of Monopolistic Manufacturing Chemists advocates.

II. Thou shalt not use or advocate intestinal antisepsis. It can't be had.

III. Thou shalt not use or advocate any treatment of diphtheria except that with antitoxin, and shalt wait for an antitoxin for all other maladies.

IV. Thou shalt not believe that there is any medicinal treatment for typhoid fever, pneumonia, appendicitis, gallstones, or any other affection the surgeon may desire to appropriate, neither shalt thou practise it.

V. Thou shalt not openly divide the fee with the family doctor even in case it is right and just, and your conscience tells you so.

VI. Thou shalt not adopt a higher ethical standard than the Great Authorities, for that might shame them. They know you don't.

VII. Thou shalt not use the hyoscine-morphine-cactin anesthesia or any other new method that does not emanate from "authority"—that hasn't been "passed."

VIII. Thou shalt not read or subscribe to any medical journal that does not obey the bidding of the authorities—that says what it thinks.

IX. Thou shalt have no independent conscience of thine own, but accept unquestioningly what thou art bidden and adopt it devoutly.

X. Thou shalt recognize the infallibility of the spirit that has opposed with venomous animosity every important therapeutic advance that has ever been attempted in the medical profession and does so still.

If the reader will please observe, he may find that considerable progress has now been made along this line, the rest of it being in sight.

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A few score years ago, sick people were made to swallow burnt toads and powdered earthworms and the expressed juice of wood-lice. The physician of Charles I. and II. prescribed abominations not to be named. Barbarism, as bad as those of Congo and Ashantee. Traces of this barbarism linger even in the greatly improved medical science of our century.
—Oliver Wendell Holmes.

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## MORALITY: ETHICS: POLICY

As to matters of morality there should be unanimity of opinion. When we make up our mind that a thing is morally right, we should not only do it ourselves, but should use our every energy to urge upon our neighbors the duty of following a similar course. Lying, stealing, slander, unfair dealing, and suppression of part of the truth so as to distort a matter and present a false picture, with intent to deceive, are things nobody should fail to denounce.

With questions of ethics, as the term ordinarily is used in medical circles, it is another matter. In Paris physicians display no signs on their offices, and if one should transgress this custom it would be unethical but not morally wrong. In Philadelphia a small, modest, inconspicuous sign is deemed proper, and a physician who would put on his window-sill a sign with letters four inches high would shock the ethical sense of the profession by so doing. Further west, if a physician chose to checker the front of his office in red and white squares a foot in diameter, there might be some discussion as to whether it paid, but his right to do so would scarcely be questioned. In all ethical questions which do not touch upon the laws of morality the individual is the only judge, and no person has the right to impose his own views upon others. Here most assuredly it is true

that a thing is wrong to him who believes it to be wrong.

We recognize, therefore, in each of our readers the full right to judge for himself on mooted ethical questions. If you consider it a matter of indifference that a firm from which you secure medical supplies should advertise these to the laity, or should furnish to quacks the supplies that enable them to rob you of half your income, it is your "pigeon" and nobody else's. If you honestly believe that a secret combination is the best thing you can prescribe for your patient, it is your affair and not ours, but it is hardly to be classed as intelligent practice. If you choose to pay extortionate profits to houses monopolizing the supplies you use, when you can buy better remedies elsewhere, provided you will not consider quality, it is your right. If it is a matter of indifference to you how any publisher of a medical journal conducts his advertising department, if he carries the ads of those who seek your endorsement to take to the laity to help them to steal your business, that also is your own privilege, but it is mighty poor business policy.

We believe that some of these things are of vital consequence, as affecting the business interests of the physician. We believe that every doctor ought to educate himself in therapeutics until he is independent of the monopolists. We believe that financial prosperity will come to the profession as a body, when the profession in general takes up seriously the consideration of these questions, and stops the leaks by which a vast proportion of its income is diverted into the coffers of quackery.

For these reasons we shall continue earnestly to press upon your attention the importance of these matters; but we do so without rancor or intolerance. If you think otherwise, we are sorry we cannot convince you. If our brethren among the medical editors do not agree with us, we do not see why they have not as good a right to their opinion as we have to ours. All we ask is that you shall give careful consideration to these things; and we feel sure that most of you will realize the profound significance of our appeal for a *square deal for the doctor, no dope for quackery, no secret remedies, no monopoly in medicines, and no advertising to the public.*

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But nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor. —Voltaire.

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## WHAT SAVED THE PATIENT?

It is an ill wind that blows nobody good. Many, many times we have shown the variability, the unreliability and occasionally entire inertness of the galenical preparations of the Pharmacopeia. This inertness is occasionally unexpectedly proved in a striking manner when the patient takes, by mistake, an overdose of a galenical which, according to all rules, should prove fatal, but which on the contrary produces practically no effect. This occasional utter inertness of galenical preparations proves the saving angel of the patient who takes an overdose either by mistake or with suicidal intent.

Dr. Walter J. Webb of Cambridge, Mass., reports the following case: (*N. Y. Med. Jour.*, Feb. 9, 1907): He was called in to see a woman of 70, obese and plethoric, suffering from bronchial asthma and recurring attacks of epistaxis incident to an old standing condition of valvular disease of the heart. Desiring to lower arterial tension, he prescribed the following: Tincture aconite, tincture belladonna, of each 4 drams, ordering 5 drops in a teaspoonful of water every three hours. The next day on making his visit he noticed that the bottle containing the medicine was almost empty, and on inquiry he learned that the patient's husband and daughter had, by mistake, given her four teaspoonfuls of the medicine at intervals of three hours. As our teaspoons generally carry about a dram and a half, it means that the patient took six or seven drams of the medicine within nine hours. She was not any the worse for it, the only bad effects noticed

being some dryness of the throat, thirst, burning of the lips, slight vomiting and several movements of the bowels.

The author reporting the case thinks that the atropine counteracted the action of the aconite and this, together with the slight vomiting and movements from the bowels, prevented a fatal termination.

We believe that the real cause is to be found in the almost utter inertness which many galenical preparations of aconite present. There are tinctures of aconite, which instead of the 10-minim doses prescribed by the Pharmacopeia, may be taken in teaspoonful doses with no apparent effect. Of course nobody will care to take such doses, for once in a while he may come across a tincture which possesses the full potency or is even stronger than it should be. And still the would-be leaders advise us—interestedly or disinterestedly, with conscious or unconscious bias, we will not undertake to say—to use the tincture of aconite.

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De l'audace, encore de l'audace, toujours de l'audace. —Danton.

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## A WORD TO ONE OF THE "UNCO GUID"

In the last number of CLINICAL MEDICINE we had occasion to call attention to some of the activities of that generous keeper of other people's consciences, Dr. Philip Mills Jones of *The California State Journal of Medicine*. It was interesting to know just what remedies Dr. Jones was going to let us use, and the things that he had firmly decided we mustn't. A comparison of his preachments and his practices puzzled us, and a further and more careful perusal of the advertising pages of his magazine puzzles us still more.

Dr. Jones, as every one in California knows, is nothing if not "ethical." He is a strenuous and really quite violent supporter of the Council policies, and is anxious that physicians should use only the official remedies and those "passed" by that body. In view of the fact that the Council, in Rule 3, says that "no article that is advertised to the public will be admitted" (that means also to *J. A. M. A.* advertising columns) we are surprised to find that he carries "dioxogen." Dioxogen is a hydrogen peroxide preparation, a good one we believe, and the advertisement in the *California Journal* advises us of its value "in nasal, throat, stomach, intestinal, rectal or uterovaginal hemorrhage," as well as "in acute gastritis and enterocolitis and the vomiting of pregnancy." Gee whizz! Under the circumstances it can hardly claim exemption from the Council rule on the ground of its being a "disinfectant" or a "food."

We respectfully refer Dr. Jones to the last number of *Everybody's Magazine*, the *Cosmopolitan*, and others, in the advertising pages of which he will find some full-page advertisements of dioxogen.

Another peculiar thing is that Dr. Jones carries the advertisements of several excellent proprietary remedies (*some* of which we are glad to have in our own columns) which have been *rejected* by the Council. In view of these facts it may be interesting to read again the following from the March number of the *California Journal:*

"Any remedial preparation that you do not find in the list of 'new and non-official remedies,' as issued by the Council, is one to look upon with suspicion; it may be a good and legitimate product, but the chances are that it is not, or that the proprietors have uttered exaggerated statements as to its value."

Or better still, see his latest eruption of ultravirtuous superiority, from the April number of his *Journal:*

"The Council on Pharmacy and Chemistry is ready to give you the truth at *any time* [We know of excellent preparations that have lain in their hands not only not passed but not reported on in any way for six months to a year.—ED.] and if you are using 'proprietary' preparations not approved by the Council, you are doing something that is not merely careless or ignorant, but is really criminal."

"Criminal" to use glyco-thymoline or listerine, but *not* to advertise them—that is,

in the California journal? Isn't that a *little* strong?

Evidently Dr. Jones's special brand of virtue is "for export only"—not intended for home consumption.

What straining at a gnat while swallowing a camel! Why not be honest and sensible in the first place? Why not be satisfied to try to do something practical and go about it in a sensible way? How different is this from the practical and thoroughly commendable attitude of the Council of Medical Education, which is helpfully content to make the most of existing conditions, giving time and opportunity for the uplift which all honest men and institutions desire to make. We all want to succeed. Why shouldn't we be given a man's chance to do so?

## NEW MEDICAL LAW IN CALIFORNIA

Actuated by the laudable desire to protect the citizens of that commonwealth against incompetent practicians of the healing art, the legislature and governor of California have modified the medical law by omitting from the required examinations all reference to medical practice, materia medica and therapeutics, making the list of requirements read as follows: Anatomy, chemistry, physiology, bacteriology, pathology, obstetrics, hygiene, histology, gynecology and general diagnosis.

Physicians desiring to practise in the Golden State are notified that any time spent in acquiring a knowledge of diseases and their treatment by drugs or surgery is wasted. Better not know these things, but devote all your brains to the study of the really essential branches. The new regulations are admirably calculated to keep out of the state all but the recent graduates. No experienced practician of a dozen or more years could hope to pass such an examination—the time wasted in real clinical work could not be made up unless by a special course of training of at least six months under a tutor.

Furthermore, the law proceeds to place a serious handicap on education, by demanding of the three "regular" schools a high-school diploma or its equivalent, and a four-year medical course of eight months each; of osteopathists, a two-year course of nine months each, with no preliminary education; and of the followers of any other ism or school, a diploma alone, no preliminary or college training being requisite. Hurrah for vitapathy, Christian science and all the other freaks, frauds and fads. California opens her doors to any and everything irregular and quackish, and shuts out real medical science. All you need is a "diploma!" The sort a man secured for his setter dog a few years since will answer quite nicely.

However, all must pass the examination on the branches named, and possibly a little physiology and hygiene may keep the rabble from doing too much harm.

In life's small things be resolute and great
To keep thy muscle trained: knowest thou when Fate
Thy measure takes, or when she'll say to thee,
"I find thee worthy; do this deed for me."
—James Russell Lowell.

## ANESTHESIA—NEW AND OLD

*The Long Island Medical Journal*, for February, is devoted to anesthesia. The material is excellent, and we suggest that our readers will do well to secure a copy. The editor calls attention to the fact that despite the wide range taken by the papers and discussion the surgeons of Long Island fail to select their anesthetic with reference to the case, almost all advising ether exclusively. They also overlook spinal analgesia and also the use of cocaine in a warm normal salt solution in the proportion of one to 500. To this we may add that they failed to discuss the new hyoscine, morphine and cactin method; and while this may still be considered on trial, we would hardly expect a really up-to-date western surgical society to discuss anesthesia without reference to it.

In the discussion one matter impresses us above everything else, and that is, if ether is so extraordinarily perfect and free from danger as an anesthetic, why is it

necessary to desert the methods of administration under which Wood's statistics show only one death in over 15,000 cases, and resort to the complicated and difficult technic necessary for the use of ether by Crile's method, of tubage of the pharynx?

If the old methods are so perfect, why is the new necessary? Has this new method received the wide and extended trials by all sorts and conditions of men, which are necessary before it can be compared with the older methods of administering ether and the new method by hyoscine, morphine and cactin?

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The new diamond is valuable in itself, but its greatest worth consists of opportunity. It becomes a valuable solitaire only by cutting. —Paul Garus.

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## SPARTEINE FOR ANURIA

In *The American Journal of Dermatology* Stuart McGuire contributes a brief but suggestive paper on the use of sparteine for postoperative suppression of urine. To this affection he attributes at least one-half the deaths of surgical patients. It may develop immediately after operation or within forty-eight hours. The treatment in vogue is water by the mouth, rectum and subcutaneously, hot packs and vapor-baths, cups and counterirritants; calomel, strychnine and nitroglycerin; as a last resort, stripping the capsule from the kidney. Under this treatment nearly all the patients died. Two years ago Dr. McGuire substituted for the above treatment the use of sparteine sulphate. He now records six cases in which he is sure that this treatment saved the lives.

Sparteine makes the pulse slower and stronger, raises arterial tension and acts powerfully as a diuretic. The reason the drug is not better known he attributes to the small doses employed, the text-books advising small fractions of a grain and the practician finding difficulty in obtaining tablets larger than one-tenth of a grain. To get results it must be given hypodermically in doses of one to two grains, repeated every three to six hours. He employs it as a prophylactic as well as a cure. In this dosage it will be seen that McGuire verifies the contention made by Pettey, who also strongly advocates sparteine, preferring it to and above all other heart tonics for desperate needs. We believe they are right, and we have again to thank the surgical fraternity for an important contribution to drug therapeutics.

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## ADVERTISING CROOKS AND TWISTS

*The Journal of the American Medical Association* very properly calls attention to the misuse which some of the food and drug manufacturers are making of the guarantee clause of the national Food and Drugs Act. These people are endeavoring to make it appear, by cleverly worded advertisements, that the national government "guarantees" the purity of the article advertised and that the "label" shows that it is all that they claim for it. This, of course, is not true. The guarantee clause simply fixes the responsibility upon the manufacturer in order to protect innocent dealers. The Government assumes no responsibility whatever, but stands ready to prosecute the liar.

This attempt to make advertising capital out of this simple safeguard against deception and falsehood is strongly disapproved of by the Government, which proposes to put a stop to further publication of statements palpably intended to mislead. That's right!

In this connection it is worth while to call attention to a similar advertising campaign just being entered upon by certain drug houses which are making use of the fact that certain of their products have been "passed" by the Council of Pharmacy and Chemistry.

The fact that the preparation has been approved by this body is *no evidence whatever that it has peculiar therapeutic value*; it simply shows that the Council finds that it contains what is claimed and that, according to their lights, no "exaggerated statements" are made in its literature. Don't, for heaven's sake, make the mistake of believing that a coal-tar hypnotic, which has received the approval

of this body, is any more effective or any less safe than one which has not. It takes experience at the bedside to show that, and this the Council does not supply. That is up to you.

We haven't the slightest objection to manufacturing houses letting the physicians of the country know that their products have been passed by the Council—many of them need whatever influence this may have—but in simple fairness they should not endeavor to distort the significance of this fact out of its true perspective. *It doesn't really mean anything*, except that in the opinion of the Council the promoters of the preparation are telling the truth.

This being then the present tendency—to commercialize the good work of the Council to selfish ends, regardless of the choice of the physician—we appeal to Dr. Simmons to put this phase as wisely and clearly before his readers as he has that of the "guarantee label" of the "Food and Drugs Act."

## FOLLY, FRAUD AND THE PHILISTINE

Elbert Hubbard of the *Philistine*, Larkin's "Sweet Home Soap" and East Aurora, writes some of the most brilliant epigrams, most wholesome common-sense and most absolutely inane nonsense of any man in America. We buy pretty much everything that he writes, read it all and like most of it, even the nonsense, for Hubbard can say even the most commonplace things in a scintillating way which stays in one's memory.

When Hubbard sticks to the things he knows something about nobody can do the stunt better than he can, but when he wanders off into strange fields we know of no one who can make a more conspicuous ass of himself. For instance, a few months ago he devoted a large share of the space in the *Philistine* to an anti-vaccination argument—the same old argument, displaying the very palpable fact that Hubbard had never taken the time nor the trouble to really inform himself concerning the subject, even to the extent of consulting a pirated twenty-year old edition of the Encyclopedia Britannica. But near-wisdom passes for the genuine article when Fra Elbertus speaks—at least among the disciples of the hirsute philosopher.

But let that go. We are used to this kind of thing, and rarely give it space. The more serious thing is the following letter which appeared in a later number of the *Philistine:*

> THE KIMBARK MINES,
> JOHANNISBERG, TRANSVAAL.
> January 20, 1907.
>
> FRA ELBERTUS:
>
> Dear Sir:—Your article on Vaccination is interesting from a literary point of view, but it will never influence anybody down this way. The folks who are vaccinated here do not read, and those who do the vaccinating are not touched by logic like yours. We vaccinate every man in the mines once a year and charge him five bob, that is $1.25, taking the money out of his pay. I myself have vaccinated a thousand men with one can of condensed milk, and we haven't had a case of smallpox in two years.
>
> Sincerely yours,
> JAMES HANCHETT,
> Superintendent.

This is evidently supposed to be funny. We do not so consider it. A contemptible rascal like this may perhaps safely play with the lives of "niggers" in the African mines, and rake off his "five bob" graft each, but in America he would be lucky if he escaped lynching. Shall we infer that Hubbard approves of this damnable criminality?

## CONFIDENCE

There is one remarkable effect accruing to the use of the active principles, which we have repeatedly mentioned already, but which is so important that it will bear repetition. We allude to the alteration in the mental status of the physician which follows his adoption of alkaloidal practice.

We leave the old, feeble, uncertain, pointless weapons of the earlier day, and learn to do our work with the modern arms of precision. We learn that each of these remedies will do exactly the same thing each time; we learn to look to our cases to recognize the needs that will be thereby fulfilled, and to watch our cases for the accomplishment of our objects. Insensibly, therefore, we

become closer observers, and we aim to accomplish, with our therapeutics, results which we know they are capable of producing. The change worked upon us as physicians is usually perceptible to our patients long before we ourselves have realized it. They learn to recognize a directness in our therapeutics not previously manifested; it does not take them long to appreciate the value of quick and certain relief. The doctor has won increased confidence from his patients long before he himself realizes that he deserves it.

A good way to illustrate this, is to look over your prescriptions for the year preceding your adoption of the active principles. Can you quite realize why you gave those things? What object was there behind those awful messes? Would you like to go back to them? The latter is simply an unthinkable proposition. We cannot unlearn things even if we should desire it.

It is no small matter to possess the confidence of our community; but desirable as this may be, we believe it is impossible to long retain such confidence unless it is deserved. The world is wonderfully clear-sighted, and usually gives each of us just about what is coming to him. Even the quack—now, don't draw off your coat and roll your sleeves up, but listen to what we have to say—before getting too red-headed over the quack, go into his office and sit a few hours, studying the methods by which he wins the confidence of his patients. It is barely possible *you* may learn a thing or two. You will find he is neatly dressed, his linen immaculate, his appearance prepossessing, his surroundings bear a general air of prosperity, and all these things have their influence. He is the quickest man in the world to seize upon every new idea presented and try it for all it is worth. While you are still blundering along with the obsolete material of a quarter century ago, he is strictly up-to-date, with the latest things in his line. He spares neither money nor pains to equip himself in the best possible manner. We very much fear that, instead of taking a post-graduate course and equipping yourself in modern style, you took that thousand dollars you had saved out of your business and put it out at mortgage, getting six per cent for it; whereas if invested in your own business it would have paid you six hundred per cent.

Why should we leave all the advantages for the quack? Are any of us so perfect that we cannot learn?

## "MISOKAINIA"

Achilles Rose has invented the term "misokainia" to designate that disease which is characterized by a tendency to combat new ideas and discoveries. As is well said by Morgenstern, this is one of the great bars to human progress.

Since this establishes the affection in question as a disease, that is, an abnormal, morbid condition, it behooves us to be on the lookout for it. Unfortunately it is especially prevalent among physicians. The effects are disastrous, consisting largely of a sclerosis and congelation affecting the cerebral tissues and the heart. The earliest symptoms are an indisposition to receive and assimilate new ideas. This is soon followed by an unwillingness to acknowledge that the victim is capable of receiving new ideas of value. The conviction is apparent in his mind that his professional knowledge is so completely rounded out and perfected that an addition thereto is an impossibility.

A very delicate test may be made of a suspected case, by mentioning the active principles; when an attentive scrutiny of the patient's countenance will at once reveal the presence of the disease. Unfortunately, as yet no cure has been devised. The only thing to be done with such a patient is to isolate him from the rest of the community, as speedily as it may be done with due regard to the *convenances*.

## A GROUP OF HERETICS

In the section on Ophthalmology, A.M.A., de Schweinitz presented a paper on affections of the eye as influenced by autoin-

toxication. This was discussed by Casey A. Wood, Chas. S. Bull, W. M. Marple, W. C. Posey, W. Zentmayer, John E. Weeks, F. S. de Lue, S. D. Risley, Edward Jackson and John Green. All these distinguished ophthalmologists will doubtless be at once expelled from the A. M. A., as according to Thayer of Baltimore, members of that body are supposed to not so much as listen to anybody advocating that pernicious doctrine.

As a sample of the views expressed, just listen to the following from that veteran, S. D. Risley, of Philadelphia: "At last the shades that have worried and made sleepless the nights of all practicians from the early history of medicine down to the present time will be laid at rest and we are finally to have a scientific statement instead. Ghosts which the practicians of the Sixteenth Century and later attempted to lay by shedding rivers of blood; which our immediate predecessors tried to lay with calomel and jalap purges, we find are removed by calomel and soda followed by salines and intestinal antiseptics." He proceeded to quote a case of herpes zoster, accompanied by alternate constipation and diarrhea. An alkaline purge and an intestinal antiseptic were prescribed. "The comfort to the patient and the speedy removal of the condition amazed Dr. Risley, and since then, in all cases of uveal disease, and many obscure conditions, he has paid attention to this and many cases have been cleared up simply by attending to the removal from the intestinal tract of the fermenting and decaying products of impaired digestion and faulty metabolism."

That goes beyond any claims we have yet made. Starting with the study of definite remedial agents, we were compelled to give closer attention to the vital processes and aberrations therefrom. This necessitated the recognition of fecal poisoning and its widespread symptoms. It was not in our line as advocates of active principles, but we were advocating them because we believed them to be true, and yet but a part of the truth; and we place truth first and before any part of truth. We have endured all manner of abuse for our steady persistence in this advocacy, but for this we care not a picayune, knowing we were right, and content to wait till the profession caught up.

Isn't a little self-gratulation pardonable? And—how lonesome Thayer must be, in his "Society" that does not listen to the advocacy of the doctrine of intestinal antisepsis!

Now we are waiting until the neurologists have a revelation, and find the causal factor of chronic degenerations of the nervous tissues in fecal and other autotoxemia. A good beginning has been made at the Boston Dispensary for Mental Disorders, and it will not be long until the hint is taken.

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Science and the profession may go hang; our duty is to cure and prevent disease by any right means in our power. —George M. Gould.

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## SOLANINE

In the *Pharmaceutical Review* for January, H. M. Gordin gives the results of an investigation made by Oddo and Colombano on solanine. They find that different solanines may be obtained from different plants and even from the same plant at different stages of growth. Their method for extracting the alkaloid from Solanum sodomæum was as follows:

"The drug was digested for five months with alcohol (91 per cent), the liquid filtered, the alcohol distilled off, the residue taken up with dilute acetic acid and the alkaloid precipitated with lime water. The precipitate was boiled with alcohol (not stronger than 80 per cent) and then a current of carbon dioxide passed into the liquid. On cooling, solanine separates out in thin white needles which become brown at 230° C. and melt with decomposition at 245-250° C. The formula of solanine was found to be $(C_{23}H_{39}NO_5)_2\,H_2O$. The pure alkaloid is very difficultly soluble in absolute alcohol but is soluble in aqueous alcohol. From a hot solution of 91-per-cent alcohol solanine separates out on cooling in gelatinous form; from alcohol containing no more than 80 per cent it separates out in crystals. It is

easily soluble in dilute acetic acid but very difficultly soluble in glacial acetic acid, ether, ligroin or acetone. From acetone solutions the alkaloid separates out in crystalline form. The alkaloid is also soluble in methyl alcohol but upon recrystallization from this solvent it seems to undergo some change, as it then melts at 275-280° C.

"Solanine evidently contains an $NH_2$ group linked to an aromatic nucleus, since nitrous acid converts it into a diazo compound."

Solanine is rapidly being substituted for the bromides as a better remedy in the entire field in which the latter are indicated, with the solitary exception of their use as sexual sedatives. It is perhaps an advantage, therefore, in view of the above investigations, that solanine is only produced economically from a single source, namely etiolated potato sprouts. The solanine which we have been using extensively during the past year has proved perfectly uniform in its strength and effect, not a solitary report having ever been made to us that would indicate any appreciable variability. The advantages of giving in a little granule the equivalent of a bulky dose of bromides is a very great one indeed, to say nothing of any other advantages.

## OVERTRAINED NURSES

We willingly subscribe to the opinion that the American trained nurse is the best in the world; also, we are glad to acknowledge our indebtedness to the intelligent service that she has rendered us and our patients. But we do object, strenuously, to the notion that seems to be growing in the nursing craft, that the trained nurse can supersede the doctor in the sick-room —that she may practise medicine. There is altogether too much fostering of the idea expressed in the dictum, that "the domination of the doctor and the man ceases when he leaves the sick-room." At a trial in New Jersey, for instance, trained nurses testified under oath that they threw away the medicine prescribed by the doctor and administered their own. While instances like this are not common—it is to be hoped —nearly every physician has experienced the embarrassment of having an unfriendly pseudo-medical critic at the patient's bedside, in the person of the nurse.

This notion, that the nurse is something of a doctor herself,—and at times a very superior kind—seems to be fostered too often by the nurse herself and by those endeavoring to legally restrict the practice of nursing to a certain hospital-trained class. New York has a law for the registration of nurses. Here are some of the questions asked of applicants by the Board of Regents, at an examination in January, 1906:

"State the probable cause of convulsions in the new-born, and give treatment.

"Describe cholera infantum and give treatment.

"Give the treatment of croup.

"Give the causes, symptoms and treatment of rickets.

"What does hemorrhage before labor usually indicate. Give treatment.

"Describe the process by which bacteria multiply.

"Name three diseases in which bacteria are thrown off by the skin.

Why is it necessary for the nurse to know all this "treatment"—unless she is to put her services into competition with the doctor's? This thirst for half-knowledge is a source of danger both to the doctor and his patients. The trained nurse is a good thing, but the overtrained nurse is an embarrassment, to say the very least.

There is a general movement on foot to restrict the practice of nursing to hospital-trained nurses. Such legislation does not appeal to us. The great need today is not for a restricted number of $25 and $30 a week nurses of a superior type—though we want those of course—but for an abundance of the $10 and $15 kind, enough "to go around" in every community of intelligent, really consecrated women, whose services are within reach of the great multitude, who even now are debarred from employing skilled help of this kind during sickness because the expense is prohibitive.


# CONCERNING THE DOCTOR HIMSELF

A talk with and about "the family doctor." Some of the things which help to make him successful, respected and loved. How to get most from life and give most to others

By MAYNARD A. AUSTIN, M. D., Anderson, Indiana
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DISSATISFACTION seems to be the constant possession of the human race. The man with a thousand is always looking for an opportunity to make it two; the man with a million would like to have enough more so that each of his children could be left a millioniare. Such life has always been, and such it undoubtedly always will be.

The doctor, in a small town, with a country practice, envies the doctor in the larger town who seems to have all the so-called modern conveniences. When the doctor from the larger town goes to the city and sees the city doctor riding in his automobile, with a chauffeur to drive his machine, a maid in his office to entertain his patrons, and a private secretary to assist him in his work, our larger-town doctor feels envious. Again, when our city doctor has occasion to call a consultant from out of the east and this same great and rich consultant brings with him a Japanese valet to dress him, engages a suite of rooms at the finest hotel, brings his own trunk of surgical dressings and gowns, and two assistants to unpack them carefully, and they return from whence they came, carrying with them a ten- or twenty-thousand-dollar fee, even our city doctor may feel discontent or even jealous.

Omar Khayyam tells us:

"We are the voices of the wandering wind,
Which moan for rest, and rest can never find.
Lo! as the wind is, so is mortal life—
A moan, a sigh, a sob, a storm, a strife."

This is the reality. It should be as Epictetus said: "If a man is unhappy, this must be his own fault; for God made all men to be happy." In another place he tells us: "I am always content with that which happens, for I think that what God chooses is better than what I choose."

All of us are more or less the victims of circumstances. All of us are in our present positions, not of our own volition, but because of some things not of our own will and wish.

### *The Doctor Needs to Study Himself*

One of the greatest truisms that comes to me from a study of the doctor, is his need to study, not only the other fellow, but himself; not to think of how much more some one else possesses, but how much greater advantage has he than many whom he is brought in touch with. Dollars and cents are all very well, but the doctor's *summum bonum* is the something more than friendship that is given to him by his clients. Dr. Osler has said:

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exer-

cised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish. To you, as the trusted family counsellor, the father will come with his anxieties, the mother with her hidden grief, the daughter with her trials, and the son with his follies. Fully one-third of the work you will do will be entered in other books than yours. Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort and help to the weak-hearted, and will console you in the sad hours when, like Uncle Toby, you have "to whistle, that you may not weep."

What the world wants is not more doctors, and I might say, not better doctors; but it does need more *good* doctors of the type that Osler refers to. Medicine is one thing that will never be controlled by a trust. The doctor is the one man whose service is not to be valued in dollars and cents. Rarely can we look back and see where our services, rendered to some person of wealth, brought us more than the fee which they often grudgingly give. They expect too frequently their money to show their appreciation for our services, and their fee is an apology for the blessing that would be the gift of some of our worthy poor.

### *The Poor May Help Us Most*

Within our limited field we have poor families whom we would rather serve without money and without price than some whom we charge double for all our services. They show their helplessness, they show their willingness, they show their gratitude, they make one feel that life is worth living and shame us for having so much and for being so selfish. This applies to every man whose practice shows him the heart of the families he cares for.

The rough exterior, the ill-fitting clothes, and the lack of so-called culture are all forgotten and unnoticed when the family doctor comes. In my early days someone sent me the following clipping taken from *The Richmond Dispatch*, and the Virginian who wrote it knew whereof he wrote:

"How is it now with our young practitioner? He skips into the room, full-dressed in English cut, patent leathers and all. Bows most graciously to the ladies, smiles pleasantly to his patient—trips to the bedside, whips out his temperature-tube, thrusts it in his mouth, with an admonition to 'keep his mouth shut', walks complacently up and down the room while retailing to his eager listeners the last german or horse race or whist party. At intervals of five minutes the tube is examined—a serious aspect overcomes his face—he thumps the breast of his patient—looks ominous—draws forth his book, writes several prescriptions—commands his patient to keep in bed two weeks—says he is threatened with pneumonia, cerebral meningitis or some incurable disease—promises to come next day—smiles again to the family, mounts his steed, and is off. What's his fee? Why, only two dollars, medicine extra, and probably from eight to ten visits more. Hath modern practice lessened the expense?"

### *Let the Doctor Cultivate the Humanities*

The French have a proverb: "The doctor is more to be feared than the disease." May we not presume that the jolly humor and bonhomie of the old-fashioned doctor had more effect in raising up their patients than their medicines? Certainly, they are in great contrast to the present depressing aspect which is thrown around nearly every case which is diagnosed by the modern physician.

The doctor of the old school learned his people first and of their infirmities afterwards. The doctor of today learns of diseases first and when he goes out to practise, finds that he should know more of humanity. Speaking to the head of the department of medicine in one of our medical schools not long since, he said, to my surprise, that his city was in need of doctors, good doctors, family practicians. He said there were more than enough practising medicine in the city, but there was something lacking in them. The

quality which he expressed as necessary and for which there was such a demand, was for men who knew men and women and who would treat *them* as well as their diseases. The diagnostician is a necessity, the specialists are desirable, surgeons are becoming acceptable, but the doctor of the old school is, alas, too rare.

The doctor in the country seems to cultivate and has the opportunity for cultivating this desirable attribute. There is so much less formality to overcome. There is so much more of nature and honesty to be met with. There is so much less hypocrisy, and people have time to study the man instead of his clothes. They have the mountebank, the charlatan and the imposter with them, for he is as ubiquitous as the air, yet, as the air in the city differs from the air of the country, so is their life and their zone less polluted and poisoned by contamination.

### *The Truth in the Healing Fads*

At present there are as many different ways of "curing" the sick as there are undigested securities on the stock market, and like the latter, they will be of value only when they shall have the air and water squeezed from them.

There is something of truth at the bottom of every fad. The thing that makes them objectionable is the fact that someone overcapitalizes the corporation and, by discreet advertising, the stock can nearly all be disposed of, the poor public finding out how much they have been worked, later.

In our times of leisure we have read in those classic words that "those who run may read," and by observation we will find "sermons in stones, books in running brooks, and good in everything." The regular school of medicine has been the only one broad enough to step over empiricism and grasp the truth, no matter where found. It is the only one that has advanced in any of the allied branches or that has tried to find a cause for effect and remedies to overcome the evil of disease. It has waged warfare upon quackery to such an extent that a respectable standard of education is now required of every practician. It is abstracting the good from all methods of practice and rendering them of use in their respective places.

This everyone admits, yet there are a number among us whose sphere of observation, or rather near-sightedness, has not been overcome by the principles of optical liberality. We must admit that the underlying principle of esthetics, as applied to the mental impressions of the Christian scientist, is of incalculable value in nervous and functional disorders, whether we consider it from the standpoint of mental telepathy, hypnotism, autosuggestion or psychic therapy.

### *We Can Learn from the "Schools"*

We must admit that the manipulations of the osteopathist will be of great value in many conditions, and instead of condeming him, we should cultivate an acquaintance with his library and ascertain the reasons for his succeeding where we have failed.

We must admit that the homeopathist taught us that palatability, compatibility and minimim dosage is the desideratum in all cases, and that the age for nauseating potions and veterinary dispensing is a thing of the past.

It does not become us as Twentieth-century practicians to belittle any and all men who may differ from us in regard to the proper measures that are necessary to obtain certain ends. If their advantages have been superior to our own in some respects, let us avail ourselves of their superiorities.

"To cure their ills, to guard the people's health,
Brings little fame and scarcely more of wealth.
'Tis rare, indeed, upon the roll of fame
To find inscribed the busy doctor's name;
Nor is it wrought in gold or carved in stone,
Few poets have writ the things by doctors done.
To worship heroes and to sing their praise,
To tell of love in many different ways,
Of human happiness and human grief,
All this has been of poetry the chief;
And yet, methinks, the greatest theme of all
Has been neglected, and scarce sung at all."

# MAKE WAY FOR THE MAN

By CHARLES EUGENE BANKS

THIS splendid poem was read by the author, Mr. Banks, at a luncheon given by the Press Club of Chicago to Charles Warren Fairbanks, Vice-President of the United States. We have attended few gatherings in which there was such a brilliant program as there was at this one—and the Press Club has a reputation for these things; but, judging from the storm of applause which greeted it, this poem easily took first place. We wanted it for the readers of CLINICAL MEDICINE and persuaded the author to let us have it.

There is nothing "medical" about this poem; but we think of the doctor first as a *man*. All the dry-as-dust philosophies of the world must make way for the brawn, and brain and heart of true manhood. It's life we want—not dead, unfeeling "systems." It's the Man that achieves—not the "thinking-machine." The sooner the doctor can learn this the better for him and for his patients. Let's all pull together as strong, brave, thinking men—brethren!

To get into the heart of this poem you ought to know Banks: gentle, genial, clean-cut—the spirit of "old-time Greece." Charles Eugene Banks is one of the best-known literary men in Chicago: a poet, novelist, playwright and journalist; at present a member of the editorial staff of the Hearst newspapers.

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LET us have peace. No craven's peace,
Nor sluggard's to gape and dream;
But the strenuous peace of the land's increase,
And the powerful beat of steam.
Let the cannon of commerce roar over the fields,
And the bugles of brotherhood play;—
For the arm of the man, and the brain of the man,
And the grit of the man, make way.

Let us have peace. No timid peace,
That doubtful clings to its place,
But the free brave peace of the old-time Greece,
And the faith of a patriot race.
Let the vision of Virtue enrapture the gaze,
And the bolts of Integrity stay;—
For the arm of the man, and the brain of the man,
And the nerve of the man make way.

Let us have peace. No anchored peace
That holds its sails in the slips,
But the peace that sweeps all the strange blue deeps
With the keels of its own great ships.
With Honor commanding, and Truth at the helm,
And Beauty to welcome the spray;—
For the nerve and muscle and brawn and brain,
For the soul of the Man make way.

# DISPENSING VERSUS PRESCRIBING

Dependable medication or rank substitution, which will you have? A further discussion of this "eternal question" by one who has studied it from different angles

By J. D. ALBRIGHT, M. D., Philadelphia, Pennsylvania
Editor of Albright's Office Practitioner

IF the "eternal question," mentioned as a title to this paper, has not yet been thrashed out completely; if it has not been argued pro and con, as viewed from every aspect of its numerous phases; if it has not already been submitted to the jury; if the final verdict has not yet been placed on record; if there still is time to present one more, though perhaps a rather rambling argument, it is possible that additional light may be shed on this matter which may have some, however little, effect on the final decree.

### *Two Sides—Or Six, or Eleven?*

It has been said that every subject has two sides, but from the Fuss(ell) that has recently been made over this one, one might be pardoned for imagining that it had six or eleven. At any rate, there does not seem to be much difficulty experienced in landing right into the middle of the subject at one bound, and one's greatest difficulty may be to get back to dry land, for it is quite certain that there has been considerable floundering by some of those who have attempted to swim the treacherous rapids so prevalent at medical-society meetings, or even in the columns of this and other medical periodicals.

### *Are Cooperative Pharmacies the Solution?*

A plaintive wail arises from the *New York State Journal of Medicine*, issue of February, 1907, intermingled with which a writer offers a supposedly simple solution of this question, or at least the substitution phase of it, by advocating coöperative pharmacies, owned and controlled by members of the A. M. A. Observe the extract, following below from a letter the contributor of that paper received from the New York Board of Health, which served as a text for his "simple solution."

It is indeed a striking revelation of a deplorable condition of affairs in New York City, and there is no reason whatever to presume that the same does not exist in every other locality, especially in the larger cities. As a matter of fact, it does exist, always did exist to a greater or lesser degree, and will do so in the future, save only that the degree will never be "lesser." This may be disputed in certain circles, especially at meetings of pharmaceutical societies, but as to the past and present conditions no amount of argument will alter what is known to be a fact. Proof as to the future may, of course, be said to be lacking, on the broad ground that no future condition is certain, but like cause will ever produce like effect.

### *Substitutes and Adulterations in Prescriptions*

It appears that the New York Board of Health undertook to ascertain the extent to which substitution was practised, and sent out 373 prescriptions for phenacetin, with the following result:

"From analyses made of these (373) samples, 58 were pure phenacetin, as labeled. Three hundred and fifteen (315) were adulterated or were cases of substitution. Of the adulterated samples, 267 were mixtures of phenacetin and acetanilid, 4 were mixtures of phenacetin and starch, 2 were mixtures of phenacetin and sugar, 32 were pure acetanilid, 4 were mixtures of acetanilid and cane-sugar, one was a mixture of acetanilid and starch, one was antipyrin, and one was quinine sulphate."

Truly an astonishing result.

Later on samples of spirit of camphor were collected, and out of 215 purchased, and labeled properly, 40 contained a certain percentage of wood alcohol, and 30 were made with wood alcohol entirely, no ethyl (grain) alcohol being present. Some of them gave directions for internal dosage, advising that from five drops to a teaspoonful might be taken, and of the number so labeled, three were entirely made with wood alcohol.

Under such an existing condition of affairs, we submit that no argument that could possibly be offered by those advocating prescribing can outweigh the one absolute obligation of all physicians—that of protecting their patients against harm, or even death, from criminal fraud on the part of druggists who are absolutely without conscientious scruples and who place the few cents' extra profit above the life of those who are innocently made their victims.

Can the advocates of prescription writing offer any single or any number of arguments that will outweigh this one in vital importance? If they can, they have thus far not produced them.

However, proofs such as the above, proofs that clearly indicate what must be expected, will not be accepted by some who argue against dispensing, and it is therefore necessary that other lines of defense be followed. There is surely no lack of these.

### *Some Pet Theories of Prescribers*

We will briefly present some of the pet theories of the prescribers, and attempt to prove the fallacy of their claims.

A favorite is this: *Dispensing by physicians lowers the profession of medicine to the commercial plane of a dealer in drugs.*

When the young M. D. departs for his native heath or the location of his choice, with his sheepskin carefully rolled in the long tin box, the dignity of the profession which he is about to enter is one of the uppermost thoughts in his mind. Practising medicine never looked so alluring, so promising, so dignified as at that moment, and, too often, alas, never again. The stern necessities of life soon dispel the beautiful theories he heard at college, and he realizes with considerable force, very often, that landlords, grocers and butchers have little time for the debtor who attempts to square his account with dignity.

To the practical business man, or rather one should say, to the physician with practical business sense, it soon appears that dignity may well be sacrificed in so far as it applies to dispensing medicines, when it means better clothes, better food, receipted bills and money in his purse. How soon is the truth impressed that while college professors with lucrative business may well indulge in argument for the upholding of the dignity of the profession, it assumes a very different aspect when reduced to a bread-and-meat basis?

There is much written and said on the nobility of the calling of medicine, a great deal of sentimentality that the rank and file of the profession never realize, not even in their dreams, and it can be traced, in nine cases out of ten, to one who made his money first and became impressed with his importance and the poetry of medicine afterward. To most of us the practice of medicine is prose with long paragraphs and entirely too many interrogation points.

### *Loss of Time versus Financial Gain*

Argument No. 2: *The time required to compound prescriptions is of more value to the physician than the financial gain, assuming that there is any, and could be better employed.*

This, again, applied to the man who has an established practice, especially to the one with a large office practice, but many physicians owe their financial success to the fact that they have always dispensed their own medicine. As a trade-getter for a young practician nothing that he can possibly do will have a more direct beneficial effect on the growth of his business than dispensing. A practice thus built up can not easily be changed to a prescribing practice, as many physicians have found

out at more or less cost; nor is there any reason why it should be done. If the business assumes proportions that make it difficult for the doctor to prepare his medicines for each patient, a drug-clerk or other assistant can be obtained to attend to this part of the work. The expense for help of this sort is comparatively small and adds considerable to the "dignity" of the practician.

The argument that medicine dispensed must be "thrown in" is not a good one, because it isn't correct. The question of expense does not always determine the course of the patient. In the early days of one's practice, the poorer classes may seek the dispenser as a matter of economy, but only after confidence is established. People do not select their medical consultant because he is cheaper than any other, but may select from a number in whom they have confidence that one who will serve them for the least money.

Then, again, confidence in medicine personally prepared by the doctor, or in his office, is a factor that must be reckoned with. The more intelligent laity have a faculty of keeping informed on what is going on, and very many of them are acquainted with the prevalent custom of substitution among druggists. Such patrons will gladly pay any reasonable price for medicine supplied by the doctor, in addition to his fee for services.

### *Can the Physician Keep a Supply of Good Drugs?*

Argument No. 3: ***The physician cannot possibly keep a supply of the many necessary drugs on hand, and keep them fresh and in good condition.***

This conclusion is reached from a false premise and therefore is incorrect. It assumes that the druggist can do what the doctor can not. Experience proves this assumption anything but warranted.

It is not to be supposed that the doctor can maintain a stock of drugs equal to the corner druggist, neither is it necessary. It has been said that the best physicians use the smallest number of drugs, and every one of us knows that after a few years of practice our remedies narrow down to a comparatively small number, and there is little difficulty in keeping a sufficient quantity on hand for ordinary usage.

There is perhaps no practician who does not occasionally wish to use a remedy that he does not carry in stock, and when such is the case, he can purchase the drug or preparation personally and send it to the patient, or can prescribe it and run his chances of getting what he orders. It must be remembered that we who argue for dispensing are not eliminating the druggist entirely. Occasions arise when prescriptions may be necessary or desirable, and at such times, of course, everyone writes them. We discuss dispensing from the general standpoint, not as the absolute, inviolable rule.

The man who thinks the moon to be composed of a mixture of beeswax and axle grease is not more deluded than the physician who imagines that the drugs found in drugstores are fresh. A drug ages just about as rapidly in a twenty-thousand-dollar pharmacy as on the cross-road doctor's shelf, and fluidextract of catechu sticks to the bottom of the gilt-labeled bottle just as tenaciously as to the four-ounce green panel in the doctor's dispensary.

### *An Experience in a Retail Pharmacy*

Anyone having experience in the retail drug business (worth more, by the way, to the doctor than an academic degree), need not be reminded of the conditions as they exist in the average pharmacy, even those considered first class.

Fluidextracts, tinctures, syrups and the elixirs are dispensed, no matter what their age. Bottles can be found on shelves in the best-reputed drugstores, so old that their labels have practically been obliterated by the ravages of time—if indeed they have not been re-labeled—and often barely readable. Fluidextracts with precipitates equal to one-fourth their bulk are filtered and dispensed with no thought of their actual value therapeutically. Syrups from

which the active ingredients have precipitated to a stone-like formation are decanted and sold, and chemicals from which the water of crystallization has long since evaporated are used in compounding prescriptions, without regard as to their concentration, eligibility or value.

It was the writer's lot, before taking up the study of medicine, to serve an apprenticeship in the retail drug business. From cleaning the shop windows, kerosene lamps, soda-fountain, washing bottles and mopping the floor, gradual advancement was made until the position as prescription clerk in a large pharmacy, located on the principal street of a large city, was reached.

Having been accustomed to dependable pharmacy, the conditions existing in this large store were more than a revelation. This store was owned by a man at that time prominent in the pharmaceutical world, was patronized by the very best people, and some of the leading college professors insisted that their prescriptions should be brought there for compounding. The conditions, briefly, were these:

*Inaccuracy and Fraud in Drugstore Practice*

The smallest weight in the prescription department was a two-grain piece, and the appliance that was called a prescription scales did not respond to less than five grains. The instructions in regard to poisonous ingredients of prescriptions, such as strychnine, atropine, arsenous acid, etc., were, "Take an amount you think is correct, then, to be safe, take half." All tinctures were made from fluidextracts and the precipitate filtered out. Petrolatum beaten up in an emulsifier with tincture of turmeric was dispensed for lanolin—and it made an excellent imitation. The prescriptions of a well-known foot specialist, whose office was located near by, calling for boric acid and talcum, besides other ingredients, was always filled without boric acid, talcum being substituted for the combined weight. Many other deviations could be mentioned, but it is not necessary.

An experience of this sort, happily of short duration, impresses one with the truth that colored showbottles in a window do not of necessity indicate a pharmacy. The question also arises, "Was the proprietor of this store crooked or simply ahead of his time?"

This ought to answer Argument No. 3; but more may be offered against it.

*One Argument and How it was Met*

At a meeting of a certain medical club, a few months ago, I was considerably interested, somewhat amused, and finally not a little disgusted, by the comments made on this very question. A medical man, rather prominent in certain circles, a demonstrator or assistant professor at one of the medical colleges of this city, was championing the cause of prescribing, advancing arguments similar to those mentioned

Among other things said, he insisted that it would be impossible for the physician to keep his stock of drugs in a fresh or active state and, *therefore*, it would likewise be impossible for him to do justice to his patient, or even to himself, by dispensing, and he further declared that he never dispenses *except in emergency cases*, as, for instance, when called out late at night when the drugstores were not open. In such cases he dispensed medicines from his pocket-case sufficient to last his patient until morning, when a prescription, supposedly more potent and better adapted to the patient's needs, would be written.

Let us consider this well.

Imagine here a physician, prominent, able, and to all intents and purposes a fair representative of the profession, carrying a case of medicines which, by his own mouth, he condemns as stale, unreliable and unfit for use for general dispensing, to the bedside of a person taken suddenly and possibly fatally ill—an emergency in the fullest acceptance of the term—and taking from it a few tablets, hard and rocky, knowing full well that they are practically worthless, but as it is an emergency case, inasmuch as the patient is very sick, inasmuch as something must be done quickly, he administers them to this patient in dire distress.

It requires no argument to prove to any fair-minded person that either this gentleman's reasoning is extremely faulty or else that he is criminally negligent in the treatment of those acutely ill. If remedies are sufficiently active to wrest a patient from the grip of some acute illness in the small hours of the night; if they are potent and dependable in that supreme moment in which the physician's skill is most severely taxed; if they are therapeutically responsive on that momentous occasion when life and death are waging their eternal warfare, then, surely, they have earned their undisputed right to be entrusted with the minor battles they are expected to fight, and one is justified in dispensing them to chronics that call at the office for their weekly portion, or to those not in imminent danger of a fatal termination of their disease.

By some peculiar mode of reasoning most of those who admit that they occasionally dispense limit their armamentarium to pills, tablets and granules, and by an equally strange conclusion, never seem to take into consideration that thousands of physicians carry satchels of liquids on their daily rounds and dispense them as freely as any retail druggist. Seemingly forgetting this fact, they are prone to point out the insolubility of tablets, pills or granules, especially when more or less aged, and it never occurs to them that many tablets or granules can be dissolved in water by the patient. It must also not be overlooked that tablets of bismuth, acetanilid, salol and certain vegetable extracts are never soluble, no matter how fresh they are, nor does anyone expect them to be so. That they become harder as they grow older, is in many instances true (acetanilid tablets being a notable exception, as they usually become more brittle), but on the other hand, no one has ever claimed that fluidextracts, tinctures and other fluids improve with age.

### *Does Dispensing "Cheapen" the Doctor?*

Argument No. 4: *It does not pay. It leads patients to suppose that they are paying for medicines instead of professional services, a condition of affairs that gradually tends to cheapen medical practice and causes a decrease of cash receipts.*

This is a phase of the subject that each one must consider for himself. It may possibly cheapen medical services on the whole, but not nearly so much as the dispensaries that are dishing out medicines in quantities sufficient to float a battleship on the desert of Sahara, and which are maintained by the free (?) support of a lot of grafters whose names and addresses appear in the catalogs of every medical college in the land. This is where patients learn to expect a pocketful of drugs for fifty cents, and have it drilled into them that "medical services are free" and that "they pay for medicines only."

If *one* physician finds that he is located among a class of people that want that kind of treatment and which he finds returns him a nice income, he is set down as "not having the best interests of the profession at heart." He is called a "fifty-cent doctor," "cheap skate," and all that sort of things, but when a *number* of physicians get together in the dispensary business, especially if there are a few A. M.s or LL.D.s in the bunch, they pose as charity performers and have some friend with a pull attempt to navigate a bill through the state legislature giving them a large appropriation, which, if they are successful, is applied very largely to that charity which "begins at home." This is the crew that has run the ship of medicine to the fifty-cent shoals and left it there as plunder for the piratical medical politicians that altogether too often masquerade under the cloak of ethics.

### *The Dispenser's Pockets "Engorged with Real Money"*

Many physicians who have literally been forced to dispense have blessed the fates that opened the way before them, for they have been successful to a marked degree. Their offices are crowded with patients during office hours and their pockets are engorged with real money. Others who prescribe exclusively have also been suc-

cessful and have built up practices that do them great credit and prove their worth.

Take a representative man from each class. What does he care whether his course meets with the approval of his competitor? What difference does it make whether they turn their backs to him or lift their hats in admiration? Does he not cure his patients? Has he not been as successful financially and professionally as he ever hoped to be? What then doth it profit a man to be at constant odds with those who do not agree with him?

Paraphrasing the words of him whose gems of wisdom have been handed to us through Holy Writ, we may well say: "Consider the homeo, he prescribes not, neither does he have 'brain storms' about it, yet many of us, with our diversified opinions, do not prosper like many of these."

—:o:—

This is a splendid presentation of this subject, from the standpoint of a practical man. The fallacies of the arguments of those who desire the undoing of the dispensing doctor are clearly and mercilessly exposed. Really, after reading this article and the others which have appeared in the columns of CLINICAL MEDICINE in recent months, the "family" ought to understand the "ins and outs" of the question pretty thoroughly and by this time they ought to know where they stand. Dr. Albright's article is "hot stuff"—red hot. He deals in *facts*, with experiences which can not be explained away and with which it is the duty of every doctor to reckon who feels the need of *dependable* medication.

The heart of the whole matter is this: The doctor, every doctor, must be his own master. He should not be cajoled, poohpoohed or intimidated in his judgments. The things for him to consider *first* are the interests of his patients and his own interests. Let him study the question of dispensing (as every other question) from this standpoint. Success—that's what he wants, and that's what his patients want! We think he'll dispense in most cases, we hope he will, because we believe the intelligent dispensing of right remedies will bring real success—but if he doesn't, we shall not try to drive him to it. The doctor should be king!

Do you know that Dr. Albright publishes one of the brightest journals in the medical field? His "*Office Practitioner*" is "plumb-full" every month of the nicest kind of dollar-making stuff which no live doctor has any business to overlook. If you don't get this journal you are missing one of the best things going. Let me suggest a subscription. You can see by this sample that Albright is a live wire. Send your dollar to 410-411 Heed Building Philadelphia.—ED.

# VASOMOTOR CONDITIONS DURING SHOCK

**A discussion of some of the recent literature, with special reference to its bearing on treatment. Footnote comments by Dr. Emory Lanphear**

By WILLIAM F. WAUGH, M. D., Chicago, Illinois

IN *The Lancet* for Feb. 23 John D. Malcolm questions Crile's conclusions as to the actual condition of the blood-vessels during shock. The common view has been that here the vessels of the splanchnic area are in a state of paralysis. Malcolm urged against this view that the peripheral vessels were found to be in a state of tense contraction; and Crile also dissented from the prevalent opinion, but gave a different explanation of the phenomena. He held that there was a paralysis of the vessels throughout the body, due to exhaustion of the vasomotor centers.

Against this view Malcolm adduces the facts that the superficial capillaries are not distended, no explanation being furnished of the absence of distention as a consequence of the paralysis of the muscular fibers assumed to exist. Crile also stated that the first action of vasomotor dilators administered during shock was to increase the volume of the pulse. But how could they increase the volume of blood in arteries paralyzed by exhaustion of their nervous supply? He also found that in this state, when fluid was introduced into the veins, the fluid escaped as fast as it was introduced, and he could not raise and maintain a higher pressure. Nevertheless he admitted that the vessels throughout the body during the shock were not dilated and they should therefore have been able to receive and retain a very large additional volume of fluid. Further, he found that the vascular pressure in the portal vein was raised during shock, and that the specific gravity of the blood was raised. If paralyzed, the vessels should have dilated and the serous fluids should have passed into the vessels and diluted the blood.

Crile found the pressure in the carotid artery reduced, and this he attributed to cardiac or vascular weakness. It seems not to have occurred to him that contraction of vessels might cause lower blood-pressure.[1] Yet he found the arteries quite empty, the tissues pale, the venous trunks everywhere full, alike in the somatic and splanchnic areas. The bulk of the blood was transferred from the arteries and capillaries to the veins. During shock the blood continued to collect in the vessels like the splenic and portal veins, in which the pressure was rising, and passed out of the vessels where it was falling. If the force of the vasomotor centers was exhausted, what force drove the blood into the areas of rising pressure in defiance of the laws of hydrostatics?

Dr. Crile ignored the possibility that the vessels might be actively contracted during shock, offering no proof of his assertion that the low pressure must be due to exhaustion of the heart-muscle, the cardiac centers, the blood-vessels, or the vasomotor centers.[2] By exclusion he fixed on the latter as the explanation.

Malcolm denies this limitation. Even direct injury fails to paralyze the vasomotor centers unless it destroys them. The idea that a lowered pressure in the carotids must depend on relaxation in some other portion of the circulatory tract probably is founded on the assumption that contraction of the arteries must cause a rise of pressure and relaxation a fall. This fails to take into account the influence of the arterioles in regulating by a stopcock-action the flow of blood into the tissues. By an essential part of the mechanism a rise of pressure by contraction in the larger arteries lowers the pressure in the arterioles, and contraction of the lumen of any vessel thus lowers its pressure.

If the internal pressure in a vessel is lowered, the elasticity of its walls induces its contraction. Relaxation means more blood and higher intravascular pressure, with less elastic contraction. It is only when no vascular area will yield, as when long-continued irritation causes a chronic hypertrophy of the vascular tissues throughout the body, that a general rise of blood-pressure is produced by general tonic contractions. A fall of blood-pressure in the carotid or elsewhere *may* be produced by relaxation of some other circulatory area, but it has yet to be proved that this *must* always be the case.[3]

On the other hand, the view that the vessels are actually contracted offers an adequate, simple and comprehensible explanation of the phenomena presented. The first effect of stimulation of a sensory nerve is contraction of the small arteries, and the evidence is conclusive that in

1. Question: Wouldn't it seem plausible that contraction of the vessels causes increase of blood-pressure?—E. L.

2. But it seems most likely Crile is correct in this assertion. In using H-M-C, "shock" is eliminated: the heart's action is so enormously strengthened that the pulse is full, bounding and frequent, and (unless an excessive dose has been given) the skin is red from dilation of the capillaries of the skin.—E. L.

3. But, if the blood is drawn out of the vessels of the surface it must dilate the internal vessels—it has to go somewhere—it strikes me, Malcolm is a little wild in his reasoning. As a matter of fact, in "shock" due to nervous disturbance—not loss of blood—the vessels of the great omentum are enormously distended.—E. L.

shock there is an extreme development of such contraction that extends to the medium and many large vessels, in which the pressure is after a time reduced. This may proceed until the arteries are so narrowed that a pulse may be found with difficulty, the blood having been forced into the yielding veins. The capillaries as well as the arteries are empty. Malcolm has seen no indication of any change from the state of intense and extensive contraction of the arteries to one of relaxation until the shock is passing off.

Where does the missing blood go? Some of its volume is lost, as shown by the rising specific gravity. The venous trunks are distended; but when shock approaches, the larger internal arteries and veins spout more forcibly if they are divided, because they are unusually full. This would indicate that the superficial vessels are more intensely contracted than the central ones. Cold powerfully contracts vessels, and the temperature of the surface falls markedly during the shock. The smaller arteries possess relatively more muscular power than the larger ones. All conditions favor the concentration of the blood in the internal vessels. No evidence of paralysis anywhere.[4]

Adrenalin can hardly contract arteries already contracted and acts, probably, on the distended veins and the arteries of the splanchnic area. This must be accompanied by a greatly increased resistance to the propelling force of the heart, with increased risk of heart-failure.

The bearing of these considerations on treatment is considered. Warmth and stimulating vasodilators should be useful, and these have long been used to combat the effects of severe traumatisms. Vasoconstrictors and ice-packs should follow Crile's views, but cold is distinctly harmful. Strychnine injections during the shock are useful by strengthening the whole vascular and nervous systems. Crile produced a condition resembling shock by large doses of strychnine, and this has been held to constitute a contraindication to the employment of this drug. But Malcolm holds that strychnine produces shock exactly as traumatism does, by an exaggerated primary vasoconstriction. Saline injections may act beneficially by sustaining the volume of the blood; they also throw an increased burden on the heart and pulmonary vessels and favor edema. During recovery, while the vessels are relaxing, they may prove useful.[5]

The most important treatment is preventive. Precede operation by strychnine, attention to the bowels, judicious feeding, and treatment of complications.[6]

During operations maintain a flow of blood to the surface and the head, keep the patient alive by warmth, by strychnine, by vasodilators, and by mechanical means, such as compressing the abdomen and lowering the head. Reduce traumatism by quick operation and limiting loss of blood.

Thus the whole question is reopened, and those who fondly deemed that the researches of Crile had settled one moot point see their hopes dashed to the ground. Dr. Malcolm has at least succeeded in unsettling the question of shock, but he has not cleared the uncertainty away.

It seems that we must cease speaking of the vascular system as a whole, and take into consideration its separate constituent parts: the heart, arteries, arterioles, capillaries and veins, as well as the pulmonary, cerebral, portal, splanchnic and other areas which show peculiarities in structure or function that render their reaction to disease or to drugs exceptional. We must consider the forces that regulate the caliber of each of these areas. Where vessels possess muscular fibers in their coats, their lumen may be lessened by contraction of these fibers, or increased by their relaxation, from paresis. In all vessels contraction may be due to the elasticity of the walls, and we

4. ?? Is it not due to "paralysis" (which is not a good word for this connection—why not coin a better one?) of the coats of the internal vessels? How else can they expand when the external ones are contracted? Isn't there a different "center" for them?—E. L.

5. Saline injections are beneficial only in shock from loss of blood; here all the omentum, etc., and the brain and surface of the body are pallid. If the lost fluid be made up by introduction of saline solution, the anemic areas are supplied with the normal quantity of a diluted blood and are thus given a chance to revive. But in a nervous "shock," and in shock dependent upon too much chloroform or ether—as so much "shock" is—the injections only increase the venous and visceral engorgement and do harm rather than good.—E. L.

6. A most excellent suggestion: Too many patients really die from acute starvation instead of shock.—E. L.

can conceive of this being increased or diminished by morbific or remedial agents.

According to Meigs the capillaries are not strictly vessels, with coats, but simply intercellular spaces. Their caliber would be increased by elastic contraction of the cells forming their boundaries, and lessened by relaxation of these cell-walls.

Both Crile and Malcolm state that in shock the (superficial?) arteries, arterioles and capillaries are empty, the veins distended with blood. But which veins? A search through the later works on surgery shows scarcely any direct statement as to this point, but the general inference drawn from what little is said, is that only the abdominal veins are distended, Malcolm adding that the abdominal arteries are also distended. The veins of the general circulation are apparently not so distended.[7]

We can now take up the question of exact cause of the emptiness of these vessels. Is it due to spasmodic contraction, as Malcolm suggests, by which the blood is actively driven out of the vessels and into the veins? If so, we should find the arteries contracted and cordlike. But this is not the case. Senn says: "The arteries are small and lack normal resistance."[8]

The absence of blood seems clearly to be due to its being passed along through the arteries and arterioles, and also through the capillaries into the veins. The muscular fibers of all these vessels are paretic, but their elastic contractility is less impaired. The force of capillary attraction being greater than the elastic contractility of the venous coats, the blood is passed along into the veins, where it distends them and raises their intravascular pressure, solely dependent here on the elasticity.

Howell, quoted by Bloodgood,[9] says that shock is characterized by a long-continued, low arterial pressure (vascular shock), and that while cardiac shock may occur independently of vascular shock, the latter is always preceded or accompanied by cardiac shock, due fundamentally to a strong inhibition of the medullary centers (vasoconstrictor, cardioinhibitory).

We can scarcely imagine a condition where the blood collects in the veins so as to increase the intravenous pressure unless the venous outlets are closed. If such a state were found in the general circulation we would expect to find the right heart engorged and the obstruction in the capillaries of the pulmonary tract. Here we look to the terminals of the portal system, the capillary system of its subdivisions in the structure of the liver. If the paresis affecting the walls of the vessels extends to the cells lining these capillaries, allowing them to relax and occupy more than normal space, there would result an obstruction that the enfeebled forces of the heart and the elasticity of the portal vein would be unable to overcome. We seem to place our finger on the exact location of the difficulty here.[10]

Study of the entire symptom-complex also would seem to indicate atropine as the remedy. The development of inhibition, cerebral and cutaneous anemia, heart weakness, vasomotor relaxation, swelling of the hepatic cells and obliteration of the capillaries, all appear to be covered by the therapeutic field of this potent remedy. The remarkable control exerted by atropine over hemorrhages sustains this view. Unless associated with hemorrhage, Crile did not find much benefit occurring from salt solution introduced into the blood-vessels, rectum, or subcutaneously. Howell found that injections of alkaline solutions of sodium carbonate during shock increased markedly the amplitude of the heart-beat and brought about a rise of arterial pressure.[11]

If death is threatened by respiratory failure, atropine is especially indicated.[12]

7. But in "shock" dependent upon too much chloroform, blueness of the surface is prominent—a blueness not wholly dependent upon want of oxygen, it seems to me.—E. L.
8. "Practical Surgery," 1901, page 34.
9. "American Practice of Surgery," 1906, Vol. 1, page 467.
10. Do you offer this as an explanation how too long administration of chloroform—with anesthesia-shock—sometimes leads to acute yellow atrophy of the liver?—E. L.—Possibly.—W. F. W.
11. "American Practice of Surgery," Vol. 1, page 467.
12. Theoretically, Yes; practically it has proven very unsatisfactory. Camphorated oil and glonoin have each given better results in non-hemorrhagic shock than anything else in my work—excepting of course the application of dry heat to the surface of the body. I am of the opinion that most of so-called "shock" is simply a deficiency of oxygen, and that the use of this gas would be attended by just as brilliant results in "nervous shock" as it is in "chloroform-shock;" but I have never had an opportunity to demonstrate this.—E. L.

# CALCIUM SULPHIDE: THE USES OF

Some of the uses of this valuable remedy, particularly in the severe infectious diseases, with an explanation of its action. Read before the Omaha (Douglas County) Medical Society

By L. A. MERRIAM, M. D., Omaha, Nebraska

IN perfect harmony with the constitution of matter, as now understood by modern scientists, that atoms are not the ultimate but can be divided into still smaller parts, known now as electrical ions, is the idea long taught by a few and now being accepted by many that various therapeutic agents by being thoroughly and very finely triturated with milk-sugar are thereby rendered more active in their dynamic activities, more potent in the cure of disease, and so often give surprising results to the physician who has been careful in his selection of the agent to meet the existing indications.

Forty years ago it was the common practice of most physicians to give ten, fifteen, or even twenty grains of crude calomel to act, as they said, upon the liver, but we have long known that calomel has no action upon the liver except in some cases, where it exerts a very slight inhibitory influence. All well-informed physicians now know that calomel exerts its principal action upon the cells of the mucous membrane of the intestine and that when it has been finely triturated with milk-sugar, one-fifth or one-tenth grain repeated every fifteen or thirty minutes until one-half grain or one grain has been given, will give far better results than the old method, now generally abandoned, of giving ten or more grains. That calcium sulphide when properly prepared has much greater power and value than is understood by most physicians, I well know.

### *The Necessity of Having a Good Drug*

That those who have not given this subject consideration, may be induced to study it thoroughly and practically at the bedside and in the family, is the reason for my appearing before you with this paper at this time. For years I have used various preparations of sulphide of calcium as made and sold by the different pharmaceutical firms of this country. The most stable and efficient preparation I believe to be the 1-6-grain granule, when prepared by a thoroughly trustworthy manufacturing house. With me it has met all expectations after others have failed.

For years the profession has used various preparations of this agent to abort, mitigate or prevent boils, styes, abscesses, etc. Its action as a germ destroyer in certain cases has long been held to be true. Its results as I have found by practical experience in other cases, will now be given:

### *As a Prophylactic for Smallpox*

Take five, or fifty, young healthy children who have never had smallpox and have never been vaccinated. Give them this remedy, in from two- to five-grain doses daily, proportioned according to their size and vigor, and you may vaccinate both arms in several places and not one will develop a sore arm, or have the disease we call vaccinia; and they might all be thoroughly exposed to smallpox and rarely would one contract the disease, and if any did, the variola would be exceedingly mild. If a person who has never been vaccinated be exposed to variola, the rule has been to vaccinate at once, so as to get ahead of the variola, and thereby mitigate the severity of the disease. Instead of vaccination, when a person has been exposed to variola and has begun to have the preliminary symptoms of fever, headache, backache, and red blushes over the body, the use of properly prepared calcium sulphide in from two to six or eight grains in twenty-four hours will in some cases abort, and always

mitigate the intensity and shorten the duration of variola, and in my opinion is more successful than vaccinia, with no danger whatever of infecting the person with some other disease, while at the same time it prevents the pain and suffering of a sore arm as well as the loss of time from school or business. [Don't fail to vaccinate, however. Take *every* precaution.—ED.]

This method is no new theory, for it has been used in various epidemics of smallpox during the last five years, with wonderful beneficial results. Reports from able physicians have been published in several of our medical journals, giving in detail all the facts and results of this treatment of smallpox with calcium sulphide. If a child in a family develops measles in any of its forms, I not only put the little patient on calcium sulphide but give it to every member of the family, with the result, often, that no other member contracts the measles, and if they do—which is a very rare occurrence—the attack is thereby rendered very mild.

### *Some Enlightening Experiences with Calcium Sulphide in Scarlet Fever*

I was called about four years ago into a family of six children, and found two children, aged respectively eight and ten years, with scarlet fever. None of the children had previously had the disease. There were in the family two younger children, one aged six months and the other four years, with two others aged twelve and fifteen years. All the children were immediately put upon calcium sulphide in doses of from a half grain a day for the youngest to six grains a day for the oldest. The two taken with the disease made a speedy recovery and were not at any time dangerously sick, while none of the other four contracted the disease, though thoroughly exposed to it. I have had several like experiences in other cases of scarlet fever. I have never had any experience with the use of calcium sulphide in mumps, but I see no reason why it would not be beneficial in this disease as well as in several other diseases that are reputed to be germ diseases.

Calcium sulphide has during the last year been used in so-called malarious regions and we have been told by physicians in these sections that a person, when under the influence of from three to six grains of calcium sulphide per day, will not contract malaria, no matter how many mosquitoes there may be, thereby proving of great value in malarial fevers as well as yellow fever. Further investigation along this line is necessary to confirm reports of success. It is necessary to remember that all preparations of calcium sulphide undergo chemical change and deterioration in time, and this may explain to you why you have not had the results you expected.

### *Some Things to Remember*

1. That the calcium sulphide must be pure, carefully and correctly made, and that it be of recent manufacture.

2. That your remedy may not have been sufficiently or minutely divided by trituration, so as to bring out the full dynamic results.

3. That you may have used too large doses, and that better results can be obtained with a 1-10 grain tablet in the prevention of boils, styes, etc., than can be secured by a one-grain tablet.

4. That you may have given the doses too far apart for its continual action. Remember: intensity of action is increased by frequency of repetition.

5. That the quantity which acts constitutes the dose, and not the quantity that *may* be given. Disease is the result of a disturbance of molecular motion in the cell somewhere, a weakening of cell-vigor, resulting in a degeneration of cell-tissues.

### *Why Calcium Sulphide is Given*

The calcium sulphide is not given as a germicide or for the purpose of killing or poisoning the bacteria in a direct manner, but is given to furnish to the cell-tissue something that is absent or deficient in the structure of the cell, something that will impart to the cell such vigor and normal action as to enable the cell to refuse its

support to the germ, the latter thus being deprived of their support and food, they fail to develop further and cease to exist.

Calcium sulphide is one of the constituents of connective tissue, being found in the bile coming from the liver, where it fulfilled the function of destroying old worn-out red blood-corpuscles by taking away the water contained in them, leaving the remnants of these destroyed red blood-corpuscles to be excreted through biliary action. When there is a deficiency of calcium sulphide in the liver, the destruction of unfit red blood-corpuscles is delayed and the blood soon contains an over-supply of useless cells, hence the great value of calcium sulphide in suppurations and kindred troubles. To express the above more technically, I would say, in cases of disease where calcium sulphide is indicated, the opsonic index is lower than the normal and the patient's resistance to the particular bacterial invasion is insufficient successfully to combat the infection. Calcium sulphide not only increases directly the power of resistance of certain tissues but also enters indirectly into combination with the bacteria and thereby helps to prepare them for phagocytosis.

Calcium sulphide is of value in all cases where there is formation of pus, in mucous discharges, in cough, gonorrhea, leucorrhea, excessive granulations, festers, furuncles, pimples, pustules, and skin affections with yellowish scabs, purulent diarrhea, dysentery and pus-like slimy discharges from the bowels. This class of cases, however, is so well understood that it would be useless for me to enter into any further discussion of them. I solicit your most earnest and thorough criticism of the principles here presented.

# ALCOHOL AND TUBERCULOSIS

**The part played by alcohol in the production of tuberculosis, its use in the German sanitariums, and a discussion of the dangers of its employment as a remedial agent**

By DR. HOLITSCHER, Pirkenhammer, near Carlsbad, Germany

THAT the two most fatal diseases of the present day, alcoholism and consumption, are in many ways correlated is a fact generally known. No one denies the great part attributed to the misuses of alcohol in the origin of tuberculosis, even if opinions differ as to the way in which it is caused. Naturally this connection is particularly noted by those opposing alcohol in the narrower sense of the word, that is, primarily by the advocates of nonalcoholic treatment, who demand that everything which might enhance the value of the use of alcohol in the eyes of the patient shall be avoided in the treatment of tuberculosis of the lungs; and, indeed, with this reason that every recommendation of alcoholic drinks is doubly dangerous among those suffering with tuberculosis of the lungs; first, because of the harm which might be done the sick one himself; second, through the influence which the fact that alcohol is prescribed for a chronic illness by a physician generally exerts upon the environment and popular opinion. Whoever has any experience in how much the general prejudice in regard to the strengthening and nourishing properties of alcoholic drinks is caused and upheld by the misuses by physicians in prescribing, will not undervalue this danger.

### *Alcohol at the German Sanitariums*

Great things in the field of most monstrous overrating of alcohol in the treatment of tuberculosis were accomplished at the sanitariums for lung-tuberculosis as

long as they were influenced by the Brehmer-Dettweiler school of alcoholic treatment. It is indeed known that cognac and heavy wines flowed in streams at Gorbersdorf, and that at this time drunkards were created in the sanitariums even defenders of alcohol concede. Under the influence of the antialcoholic movement conditions have been very much improved; it may be granted that such excesses as those indulged in then are now no longer frequent. Nevertheless, the condition of affairs cannot satisfy the opponents of alcohol even today. These declare boldly that in sanitariums for lung-tuberculosis alcohol should be found only in the pharmacy of the sanitariums, not on the dining table. They repeatedly direct their attacks against those sanitariums in which this principle is not carried out.

The defense of the use of alcohol in the sanitariums for lung diseases and the parrying of these attacks is aimed at by an article which the court counsellor, Wolff, the proprietor and medical director of the private sanitariums at Reiboldsgrun, recently published. Wolff treats the question, which he declares has been discussed but little in the literary world, with reference to the relation of alcohol to tuberculosis in its ethical importance as well as the importance of alcohol as a medicine, a food, and a beverage during the illness; and he draws the conclusion that the assertions of the nonalcoholic physicians are unproved, unscientific, and exaggerated, and that their deductions are unjustifiable. Even though Wolff will scarcely recognize my legitimacy as critic, since he will raise the same objection to me as to Liebe and Legrain, that I, as an opponent of alcohol, am prejudiced, I nevertheless consider it my duty to reproduce the thoughts which have occurred to me in the study of this work.

### *Alcohol and the Origin of Tuberculosis*

The part which alcohol plays in the origin of tuberculosis is indeed recognized by Wolff, but it is made as insignificant as possible. He acknowledges the social influence of alcohol only to a certain degree, and declares that the statistical and experimental proofs of the influence of alcohol on the origin of tuberculosis are insufficient.

Now, indeed, there is no doubt that the statistical report of the etiologic importance of a factor, however great, is difficult to determine in an illness whose causes are so manifold and intricate as those of consumption. The coincidence of great abuse of alcohol with mortality from consumption, as is found in certain nations and in some professions, is naturally not sufficient to determine this importance, since here a multitude of other circumstances may be equally causal; Wolff, for instance, is perfectly right when he points out that irregular living, want of sleep, and smoky air are equally to blame for the great number of consumptives among employes of inns, with the misuse of alcohol; even if the assertion that among women-innkeepers the abuse of alcohol is seldom found, scarcely adheres to facts.

### *The Mortality Among Brewers*

But why has Wolff failed to mention the more important fact as a proof of the relation between intemperance and tuberculosis, that even among those occupied in breweries, in which the causes mentioned besides alcoholism play no part, the mortality from tuberculosis is very great? According to Guttstadt it amounted to 479.1 in 1,000 of deaths between the ages of 24 and 40 in Prussia during the years from 1884-1893, while the average number of men who die at this age is 376.38. There is among brewers neither smoky air nor want of sleep, nor poor food, but widespread and great abuse of alcohol which can here be named as the direct cause. In England also the mortality from consumption among brewers reaches 148, offset against a standard mortality of 100 in other occupations collectively. Among the waiters at inns, however, it increases to 257. According to Sendtner 28.9 per cent of the brewers in Munich died of consumption between 1859 and 1888. Though these figures cannot yield a decisive proof, their importance should nevertheless not be undervalued.

Experiments upon animals, omitted by Wolff, which prove the influence of alcohol upon tuberculosis, have recently been made by Achard and Gaillard. At the Tuberculosis Congress held in Paris strong proofs were given of how the theoretically recognized struggle against alcohol is taken up by consumption specialists in practice.

The following experiments were discussed: guinea-pigs infected with germs of tuberculosis were daily given alcohol subcutaneously and by mouth. Without exception the alcoholized animals died much earlier than the others; and, indeed, the first group (subcutaneous) on an average after 63 days, and the second (by mouth) after 76 days, whereas others, not given alcohol, lived on an average 174 days. These experiments, by no means made by opposers of alcohol, speak plainly. It is not permissible to declare that these experiments upon animals cannot be applicable to man "*in this case*," as Wolff declares in opposing Laitiuen and Abbott.

Thoroughly reliable statistical and experimental observations which prove the causal importance of the abuse of alcohol in the origin of consumption are by no means lacking. The opinion of Hammer, cited by Wolff, that by the influence of alcohol the tissues are so modified that a healing can ensue in tubercular organs was confirmed by no one. Observations of other physicians also contradict the observation of Hammer that recent tubercles are seldom found in corpses of alcoholics. R. Weber found in 8 cases tuberculous peritonitis, and in 10 cases phthisis pulmonum in 29 sections. That does not speak much in favor of Hammer's theory! And how does this observation agree with Wolff's opinion that alcoholic diseases and tuberculosis seldom are bound together? The average which Wolff cites with regard to the number of alcoholics among his patients is contradictory to those published by others.

*A Large Share of the Tuberculous Alcoholics*

In Loslan Liebe found decided alcoholism among 40 per cent of tuberculosis patients, and the daily consumption of a large quantity of beer among 27 per cent. Jaquet found 71.4 per cent among 252 consumptives in Parisian hospitals; Barbier, Rendu, and Constan 88 per cent alcoholics; Grigorieff found only 23 abstainers among 173 suffering from tuberculosis. If, opposed to this, scarcely 7 per cent of the male patients among the working-class in Reiboldsgrun were alcoholics, this number raises the question how the expression, "abuse of alcohol," is interpreted in this case; for no one who has gathered any experience will deny that the expression, "a moderate use of alcohol," is sometimes greatly expanded, not only by the patients themselves but also by the physicians.

For example, there are probably very few nonabstainers who would call a man of the middle class, who is a respected, good and faithful father and an official, an alcoholic because he has sat in the inn for several hours each evening and has drunk from eight to ten, exceptionally from ten to twelve, glasses of beer. And yet this man's mode of life is, with all certainty, to be named the cause of the phthisis which has sent him to Reiboldsgrun. Whether he was counted among the "alcoholics" there, I do not know; but I believe I may question it.

I grant, however, that all these averages for and against alcohol are almost worthless while it is not known how many alcoholics there are in general. Not before this is determined can one say whether the number of drinkers taken with phthisis is greater or smaller than the average number of drinkers in the entire population. But that cannot be accomplished for some time since only the quite degenerated whisky drunkard is at present designated an "alcoholic" by the official statistics. It is quite different with the above-cited numbers in the mortality from consumption among beer-brewers, since there is here actually a comparison with the general populace.

What Wolff says of the indirect social importance of alcoholism in the origin of tuberculosis generally corresponds with our opinions, even though he fails to draw there-

from the evident conclusions; and, as is very striking, he does not even mention a very important factor, indeed probably the most important, namely, the influence of the abuse of alcohol upon the posterity. And yet one of the most important causes of the lack of vitality sufficient to resist tuberculosis poisoning is doubtless found in the degeneration which is the sad inheritance of the children of those who drink. This also explains the fact, so triumphantly noted by Wolff, that consumption is far more common among women than it could be if the abstainers were right, as drunkenness is very uncommon among women. Yes, but how numerous are the cases in which the daughters of drinkers among the working-class die of tuberculosis in childhood or as adults. Granted, this is no direct effect of alcohol, but of the other social injuries —insufficient food, neglect, and so forth— which are unavoidable in the family of a drunkard, are as great a cause as the germ itself. There is not sufficient reason here to exculpate alcohol. Had the father not been a drinker, the environment would have been different and the point at issue remains, the use of alcohol.

This is not the time to decide whether abstinence or moderation is the more effective means against drunkenness which today rages so destructively. The brewers and distillers seem to fear the former more, indeed they oppose abstinence in a spirit of real hatred and with every means at their disposal.

*Should Alcohol be Used by Consumptives?*

If I now turn toward the question, more important in this case and the one really under discussion, whether alcohol may be used for consumptives, I must say beforehand that the remark of Wolff, that the influence of alcohol upon the origin of tuberculosis may be granted without the necessity for excluding the use of alcohol in the treatment of the disease, is an unjustifiable statement often found in the writings of the opponents of alcohol. It rests upon a mistaken interpretation of that which we, the opponents of alcohol, demand. None of us would think of rejecting alcohol in the treatment of consumptives because alcohol is a poison which often also causes consumption; still, we do consider it a reasonable and natural demand that this poisonous and dangerous medicine should not be served at the table d' hôte, but should be in the care of the apothecary, like morphine and belladonna, to be obtained only by prescription. I am referring, of course, to its use in sanitariums for consumptives. If, however, it is left to the discretion of the patient how much of this medicine constitutes a dose, one may justly protest. It appears as an insolvable problem, how the danger in the use of alcohol is to be impressed upon the dismissed patient and his family, as well as his acquaintances, if all those under treatment in the sanitariums indulge in wine and beer at noon and in the evening.

*The Advantages Are Fallacious*

If we now consider the advantages which Wolff expects from the use of alcohol for consumptives, we shall soon find that they are very weak and uncertain. What Wolff says of Bremer's theory has primarily only historical importance. The idea of strengthening the heart in chronic illness by the use of alcohol or to increase the flow of blood to the lungs by means of alcohol is probably forever set aside as chimerical. What Wolff says further of the possibility of curing tuberculosis with alcohol, with reference to Hammer and Kuehn, Alexander, Jacobi, and Weber is merely conjecture, a collection of possibilities for which there are neither experimental nor chemical proofs. Wolff himself recommends great care in the attempts which have for their purpose the reinstatement of alcohol in therapeutics.

Whether the occurrence of weakness of the heart in sanitariums is frequently or infrequently to be ascribed to alcohol; and whether stomach troubles are the result of the use of alcohol or of errors in rules of diet, can only be decided when sufficient material for comparison is available, that is, when a greater number of well-regulated

sanitariums for consumptives bar out alcohol entirely.

*The Symptomatic Use of Alcohol*

And now to consider the "symptomatic" use of alcohol, which is the back-door by which the ruler, disenthroned, has again entered the consumptive sanitariums, there to sway his sceptre as formerly. Various symptoms are found which it is said to master "*successfully*"; the nocturnal sweats, indigestibility of milk, fever, want of appetite, and last, but not least, melancholia.

The subduing of nocturnal sweats and of fever we can pass over; the lat er is obsolete; I do not think that it would occur to anyone nowadays to attempt to lower temperature by the use of alcohol. As for the nocturnal sweats, against which alcohol seems to have a certain effect with some consumptives, nothing is to be said in opposition if the physician who thinks he cannot get along without this agent prescribes his dose of spirits each evening in some unobjectionable form, just as he does morphine. I, for my part, have always had better results from cold sage-tea applications, and have had the assurance of having used a harmless remedy.

Yet, the main point still is the appetite and the nourishment. One might say that this is the point about which the whole question revolves. For only if it is true that alcohol makes the nourishing of the consumptive possible or even more easy by arousing an appetite; only if it really benefits the otherwise under-fed consumptive are the uses still existing in private sanitariums justifiable.

The question whether or not alcohol creates an appetite can naturally not be answered in a general way. That it does not aid digestion is a settled fact; I refer readers to the investigations of Buchner, Gluzinski, Kretschy, and more especially to those of Ernest Meyer, all of whom emphasize that alcohol, and even more than this the fermented drinks, especially beer, hinder digestion. Only with purely fat nourishment did Meyer notice any hastening of stomach digestion. Therefore alcohol can certainly not be considered a stomachic.

If there is any appetite-arousing effect at all, it is a psychic one. Through its deadening, narcotic power, disagreeable sensations, antagonism to food and sad thoughts are dispelled. The possibility that the patient will eat more than he would otherwise have eaten, may be granted. But it must not be forgotten that this effect, because it is psychic, will soon be blunted and that the amount of the dose must then be increased if the desired result is to be obtained.

Nor must it be forgotten that after the psychic effect a reaction will set in, the lack of appetite will increase, and finally this phase of the effect of alcohol, namely, making the brain eager for nourishment, will quickly become a habit and a necessity. It may be asserted that in almost all cases in which the use of alcohol improves the appetite noticeably, the lack of appetite is an artificial state, and has been caused by the customary use of alcohol. Alcohol does not arouse an appetite in abstainers, as may well be observed with children, who commonly lose their appetite for the next meal through even a small amount of beer or wine.

*Alcohol Not a Satisfactory "Food"*

And now as to the question of nourishment! I must confess frankly that I cannot understand how any physician can still believe in the possibility of feeding any living organism, whether well or sick, with alcohol. All experiments which tend to prove the opposite are known to me, and I fully recognize the authority of Rosemann in the field of the investigation of change of substance.

But personally I have the firm conviction that the question cannot be decided by experiments, for our rough chemical methods are far too crude to furnish us a comprehension of the process of renewal and breaking down, of the building up and the wearing away of our bodies, of the cell, and of protoplasm. We only know what is put in and brought out, and yet have no idea of the processes which intervene. How can anyone think that he works for the advantage of a feverish patient by giving him a substance which is burned to water and

carbonic acid in the body, and for this purpose eagerly takes oxygen wherever it may be obtained, injures the protoplasm of the finest cells, and must then be excreted through the skin, lungs, and kidneys, thus causing injury and work to the organism, nothing else? Yes, indeed, the warmth, the calories! Naturally, since the patient gives out so much heat, warmth must again be supplied him, is not that clear? Is not the same true of every stove?

Yet I do not think the body needs supplies which only burn, but such as can be used in its construction; those that restore what it has lost through the processes of life, of work, of sickness; substances which can be assimilated and which do not attack or destroy its elements. The old theory of the minimum of white of egg necessary for life has already received a hard blow; our whole theory of nourishment will have to be revised, and then the calories will cease to raise protoplasmic poisons to the rank of foods.

### *The Poisonous Qualities of Alcohol*

Rosemann, used by Wolff as a defendant, says: "Even if alcohol is really a food, it cannot be practically considered such for the healthy, on account of its poisonous qualities." That these poisonous qualities should be less worthy of consideration with chronic invalids, especially with consumptives, than with a healthy person, is a conundrum which I do not find solved by either Wolff or Rosemann. This is also the only case in which a substance which has been known for thousands of years, which has been considered merely a beverage, and has never been used as a food because the instincts of the people have long since told them that it is no food, is declared such because of experiments in metabolism. The only case? No, not quite! There are two analogies.

The first is glycerin. Also on account of its great worth in calories, and on the strength of chemical presupposition, glycerin was used by Lindsay in the seventies for the nourishment of invalids. He gained notable increase in weight. I ask Wolff why glycerin is no longer given to consumptives, although it is doubtless consumed in the body? The one reason is this: glycerin is poison for the organism and has dire results when taken in larger quantities, just like alcohol. The other reason is this: the patients do not like to take glycerin, do not become accustomed to it, do not miss it in the sanitariums, and thus do not shorten their stay there, and, finally, because there is not much profit in it, thus again differing from alcohol.

The second analogy is opium. The physicians of India declare that invalids can be nourished better and more easily if opium is given them with the food, as the foods are then used to better advantage. They even exert themselves to find a theoretical explanation of this anomaly. But the explanation is quite simple. In India the invalids long for opium as those in Europe long for alcohol. And physicians, here, as well as there, are influenced by ancient suggestions, and cannot free themselves from the ban of prejudice.

After all, what is there in alcohol to make it indispensable as nourishment for the invalid? Fifty grams of alcohol, that is half a liter of wine or almost one and one-half liters of beer (no small quantity), contain only 350 calories, i. e. about as much as 200 grams of cream would contain; this small amount of cream can be given any invalid easily.

### *Is it Needed as a Beverage?*

Finally, the question still remains whether alcohol is needed in sanitariums for consumptives as a beverage. That is, is it needed to improve the spirits of the most troubled and melancholy patients? The answer to this question is most important, because, affirmatively decided by Wolff, it opens the door for all abuses. The more alcohol, the more jovial the spirits; and since good spirits are helpful in the process of recovery, give more alcohol. As a result of this reasoning wine is served at noon, even today, in the private sanitariums, at the general table. In the evening beer is drunk, just as is customary in society. Differences are indeed made, but only in so far as drinking is forbidden

those suffering with hemoptysis, and wine instead of beer is given those with diabetes; otherwise drinking is considered the rule, and not to drink is considered in the same light as at the *table d' hote* of a steamer on the Rhine—no one says anything; God forbid—but each one feels that to refuse is ungentlemanly.

But there are also institutions in which it is plainly said, and where it is impressed upon those very low with consumption, that they must drink a certain quantity of wine daily, threatening also to have wine prescribed from the pharmacy, thus doubling the expense, if the regular wine is not taken.

### *"Cheering the Spirits" with Alcohol*

In another sanitarium a bowl of punch is prepared at the decease of a patient and the inmates drink far into the night. In one of the best-known institutions they went so far as to found a drinking club. A patient of a third institution had a cognac bill of $3.50 for one evening with his fellow-sufferers. It is then easily understood why a well-known professor from Berlin characterized such institutions as "first-class hotels with medical service." All these incidents by no means date from the alcohol therapeutics of Brehmer, presumably long since overcome, but from the latest times. It thus justifies the declaration of Liebe which Wolff disputes, "The more the physician depends upon economical management of the sanitarium, the more difficult will it be to oppose the drinking of alcohol."

The desire to improve the spirits of consumptives with alcohol (it is well known, by the way, that consumptives are strangely light-hearted, optimistic and good-natured) is subject to the same consideration as that widespread custom of deadening unpleasant sensations generally. On the following morning the patient awakes in a still more troubled state of mind which requires the narcotic more than ever. It is a poor testimony for the medical director of any sanitarium, if he does not succeed in increasing the courage, the hope and the good spirits of his patients by other means.

The qualification of a physician is equally questionable if he does not know how to educate an invalid in abstinence without making him lose hope of health. This must be just as easy as to have him give up smoking, since invalids usually cling to this habit quite as closely. To take a "mean between prudence and frivolity" is as difficult for some people in the use of alcohol as in the use of all narcotic poisons, often impossible, and at all events only to be accomplished by the exertion of much more will-power than is necessary for total abstinence.

The sanitarium for the consumptive is the best place to convince the sick how beautiful, pleasant, and agreeable life can be without the use of alcohol; how we can become strong and well without wine and beer, and that abstinence from these is no sacrifice, no loss, but a gain, an advantage. Truly, the medical director must precede with his example, and the institution must be willing to lose the usual gain from the sale of alcoholic drinks.

### *More Alcoholics Among the Wealthy*

The opinion defended by Wolff, that only the people's sanitariums have the duty of hygienic education, is the more strange because, according to the statistics of his own institution, the number of alcoholics among the wealthy consumptives is so much larger than among the working-class. Also the fact, not denied by Wolff, that there is no regular use of alcohol in the people's sanitariums, overthrows his whole argument; for the difference in the class of invalids—as advanced by him—can scarcely be recognized as sufficient; that is, that there are no invalids lacking in appetite in the people's sanitariums.

If in the public sanitariums the use of alcohol is reserved for special occasions, and then alcohol in its "*most harmless form*" is sought, the uselessness, yes, the danger, of the use appears fully admitted, and the "moderate drinking" still practised in these institutions is done as a concession to the wishes of the invalids, the staff, and of the directors themselves.

The pedagogical principle, to strive only after the attainable, is defended by the non-alcoholic physicians, not by the so-called "moderates," as a thousandfold experience proves conclusively. To direct an institution in abstinence is a simple matter as soon as the director does without alcohol and knows how to enforce his will. In the sanitariums using alcohol numerous cases of decided abuse of alcohol are by no means infrequent. This will surprise no one who understands the matter; for individual moderation in drinking is indeed possible, but moderation *en masse* is unthinkable, for any protracted time.

### *The Educational Influence of Alcohol Treatment*

Wolff has not produced the evidence that alcohol is necessary or even advantageous as a medicine, a food or as a beverage; much less has he succeeded in justifying the custom in most of our private sanitariums of today, that of allowing the patients to consume alcoholic drinks in uncertain doses, nearly according to their own judgment, and often in absolutely injurious quantities. When the patient returns home and reports that almost every patient in the sanitarium was "permitted" to drink a bottle of wine at noon, and two or three glasses of beer in the evening, not to speak of the excesses referred to above, the educational influence upon the largest circles can be this only, that the old ideas of the nourishing and strengthening power of alcohol, its harmlessness, usefulness, and indispensability are confirmed. The good teachings and warnings which are given the patient, besides the experiences which he has had while at the institution, will then be of little value.

It is our firm conviction that the curative results of the sanitariums will be greater when the resistive force of the organism which one strives to improve in every possible way, is not day by day undermined by a poison which has been shown to weaken it. Only a few years ago those who dared doubt the alcohol therapeutics of Görbersdorf in the least, were persecuted as with fire and sword. Today the indispensability of a "moderate" use of alcohol is proclaimed by many. But it is not to be doubted that even this teaching, no longer in accordance with the progress of science, will soon find its place among the obsolete; and the sanitarium barring alcohol will hold the field as the only justifiable and truly exemplary and hygienic one.

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# ACNE VULGARIS: ITS SUCCESSFUL TREATMENT

**A successful method of treating a troublesome and refractory disease, through the use of a soluble sulphur preparation, combined with suitable internal medication**

By A. H. BURR, M. D., Chicago, Illinois

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ACNE in its varied forms is the most common of all skin diseases. It is the bane of the general practician, and the specialist often fails in its treatment. By a brief reference to its complex etiology we can readily understand why this disease is so refractory to treatment, its amelioration so transitory.

The etiology of acne is of a threefold character. It has an anatomical, physiological and bacterial basis:

1. Anatomically it is an inflammatory disease of the sebaceous glands of the skin and the tissues surrounding them, especially in the more vascular or flush-areas of the face. It is prevalent in subjects whose

skin is comparatively thick or coarse in texture and in which the ducts of the oil-glands are plugged by comedones, which form an irritating and predisposing factor.

2. Physiologically it may depend largely upon reflex circulatory disturbances incident to puberty, indigestion, constipation, menstruation, maternity, disturbed sexual functions, alcoholic excess, mental stress—in fact, anything which can disturb vasomotor equilibrium may be a contributing factor in acne. It prevails during the period of adolescence in both sexes, though it may extend into middle age. I have known it to develop for the first time immediately after maternity and be extremely persistent.

3. Bacterially. The plugged and congested oil-glands become suitable soil for microörganisms. An acne bacillus has been described as the specific infection. It has been obtained in pure culture by aseptic puncture of non-suppurating papules. Where pus is present, a mixed infection exists and staphylococci are abundant. In the comedones the demodex folliculorum is found.

That the removal of the cause, or combination of causes, producing acne will cure the disease, it is easy to say, but when hygienic diet and exercise have been carried out, and to these have been added the usual round of arsenic, ergot, calcium sulphide and tonics internally, and powders, lotions and ointments externally, with possibly a few successes, some alleviations and more failures, the discouraged patient and baffled physician finally relegate the condition to Father Time.

Uniformly good results in a large number of cases of acne, covering a period of over six years' observation, have given the author great confidence in what seems almost a specific treatment and is the incentive for describing the method here given.

While known physiological factors in the cause of acne may not be ignored, this method takes into consideration only the local indications for treatment: sebaceous engorgement, hyperemia and infection—all three of which are counteracted by a topical application in form of a lotion, which, if properly used, is both a deeply penetrating astringent and effective germicide.

*The Use of a Soluble Sulphur*

This lotion is a soluble form of sulphur to full saturation. For centuries sulphur has been used as a skin remedy in a variety of affections, usually in form of an ointment. To obtain its highest virtues, however, it must be used in form and manner which will reach the deeper congested and infected parts of the skin. This can only be satisfactorily accomplished by a soluble form of sulphur properly applied; the very best, in my experience (in fact, the only really satisfactory one), being prepared by The Abbott Alkaloidal Co.

The technic is as follows: The affected parts are first thoroughly scrubbed with green soap and warm water, to remove oil, epidermic scales and acne crusts. If pustules are present, they should be evacuated with an acne lance. Comedones should also be expressed. The face should now be steamed for five minutes by the application of folded towels wrung from water as hot as can be borne, to relax tissues and open the pores. The lotion is then applied, with a swab of cotton or brush, in full strength, or diluted with one, two or three parts of hot water, according to the delicacy of the skin, and left to dry.

By this method the remedy is more deeply penetrating, its germicidal properties more efficient, while its astrigent effects on the distended oil-glands and congested capillaries are at once manifested by the drawn and puckered sensation in the skin experienced by the patient. This treatment is to be made at bedtime. In the morning the sulphur precipitate is easily removed by a wet cloth, after which some antiseptic lotion containing a little glycerin is applied. The following is a favorite with me:

| | | |
|---|---|---|
| Hydrarg. chlor. corr. | 0.065 | (gr. 1) |
| Glycerini | 15.000 | (drs. 4) |
| Aq. hamamelidis destill. | 45.000 | (ozs. 1½) |
| Spirit. myrciæ | 60.000 | (ozs. 2) |
| Aq. rosæ | 60.000 | (ozs. 2) |

M. Sig.: Face lotion.

A daily treatment night and morning for one week, then on alternate days for another week will bring about a magical change. Occasional applications from this on will preserve the face from the unsightly blemishes of acne; and the gratitude of a patient thus released from mental and physical torment is sweet to behold.

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While Dr. Burr in his commendable little paper has dealt only with topical treatment, and while topical treatment is most essential to the proper handling of cases of this kind, I cannot feel that justice is done to this subject without mention of certain supportive measures that have been found likewise of great importance in hastening recovery and holding back relapses.

I refer first to elimination, which is most essential. Most such patients overeat and under-eliminate, the liver—the chief toxin filter of the body—being at all times more or less clogged. Therefore limitation of ingesta and elimination of residues by salines and essential liver and kidney stimulants, with disinfection of the residues by the sulphocarbolates, becomes essential. In fact, to omit measures of this sort (and I know Dr. Burr does not) would be poor practice.

Among the elimination-stimulants of this class we may mention: boldine, colchicine, alnuin, bilein (the amorphous compound salts of the bile acids) and the salines, effervescent magnesium sulphate being my choice among the latter.

Neither should the reconstructive disinfectant action of calcium sulphide be forgotten or its use neglected in suitable cases, nor the resolvent action of iodide of arsenic, or, if there is oozing, its yoke-worker, arsenic sulphide, either of which may be just what is needed in addition to the local treatment recommended to cinch the treatment.

While essentially local, and especially so after years of applications, right internal treatment, properly applied, will add to the physician's success.—ED.

# THE VAGINAL TOILET

**Some of the reasons why gynecological cases get into the hands of the quacks, and how the family doctor may keep them at home. Simple directions concerning their examination, diagnosis and treatment**

By GEORGE H. GANDLER, M. D., Chicago, Illinois

THE general practician is constantly recognizing the necessity for perfecting his methods of treatment and offering to his clientele a more varied and efficient service. The small towns—and even some more of the larger villages—often have more than one specialist each, and even though such competition is not present locally, an hour's journey, or so, will put the patient in touch with some fully equipped and well-known gynecologist. It will no longer suffice to recommend "a hot douche every other night" or the application of some "uterine wafer" for all the disorders of the female genitalia. Moreover, the doctor must be prepared to make a thorough examination (and a reasonably close diagnosis) when the modern woman seeks his services with some "womb trouble." Thoroughness will save embarrassment.

Literature explaining the anatomy of the female body is being sent out in every mail by some of the makers of "uterine tonics," "irrigators" or "supporters," and there are few hamlets so small that the peripatetic "lady-lecturers" of the "lemon-flower uterine tablets" do not visit there and explain to the wondering women of the locality the mysteries of the generative organs in health and disease.

The "regular doctor," therefore, stands in danger of seeing his female patients either leave for the nearest genitourinary man, placing themselves under the care of some traveling "specialist," or to institute self-treatment with pills, pellets and pessaries prescribed by the head "consulting physician" at the "home office" of the "lemon-flower co." The home doctor may "do all right for the measles" or "be handy when Johnny cuts his thumb off," but when it comes to a delicate and complicated womb disorder (and every woman has *the most* difficult and complicated uterine disease that ever puzzled a doctor), then more expensive—and foreign—help is essential.

### *These Cases are Desirable Ones*

It cannot be denied that the methods hitherto followed by the country practician have had much to do with this state of affairs. He has not recognized the fact that the woman whose genitourinary organs are deranged is a desirable patient, omnipresent and ready to sing the praises of the man who relieves her of her trouble. He has been prone to give some mixture of iron and arsenic for amenorrhea; a coal-tar derivative, morphine, or some lauded mixture of helonias, viburnum and caulophyllum for dysmenorrhea and, if success does not follow such treatment, to explain to the woman that "nearly everybody has more or less trouble of the kind and time alone (or "an operation") can relieve it.

If he is an earnest kind of chap, priding himself upon his modern methods he may *suggest* an examination. In most cases this is declined and the doctor treats along the above lines in the dark—condemning, meanwhile, women and their peculiar ailments to the bottomless pit. One man in ten *insists* upon an examination, makes it thoroughly and then, with a clear conception of conditions present, institutes the proper therapeutic measures. *He* wins! The women who do submit to an examination at the hands of the other fellow are usually those who have prolapsus or some other serious disorder and their experience is *not* generally a cheerful one. Here again "an operation" may be *advised* (not *done* by the man himself, as a matter of course) or a stem pessary or hard-rubber ring is inserted and matters left to take their inevitable course.

Is it to be wondered at that the "lemon-flower" people flourish or that the G.-U. man hangs his sign wherever two or three hundred people have gathered themselves together? *He* knows that the average genitourinary patient is easily cured and as easily made into an active drummer. He will make a comfortable income in a territory where the general practicians find it hard to pay their bills—and do it out of material they have neglected to cultivate.

The remedy for this state of affairs is a simple one. The doctor must first provide himself with the proper tools and therapeutic agents and then learn how to use them—and his own good sense—to the best advantage. "Office treatments" are more effective than those ordered at home.

The psychic effect is pronounced, and if the patient is made to report each week, and is assured of improvement each time, she *does* improve. Quite often a simple operative procedure will relieve a woman who has suffered for years, or an examination of the parts will cause the doctor to discontinue promptly the douches which have been taken for months—each insertion of the irrigating tip having added to the trouble.

The man who would make a success treating women, will, therefore, insist upon a thorough examination, and he will make that examination as free from disagreeable as may be. Any modern work upon gynecology will give in detail the proper technic, but practice alone will afford the *touch* and the "eyes in the finger tips" which are so essential.

### *The Gynecological Outfit*

The first essential is a table or chair. The writer prefers a plain steel chair covered with rubber cushions. Such a chair with leg-rests, stirrups and irrigator can be procured for twenty-five dollars. In examina-

tions the *cushioned* chair is used, as it does not frighten a timid woman. If any operative work is required, two minutes will suffice to remove the cushion and insert a rubber Kelly pad. An excellent substitute for the latter is made as follows: Roll a bath towel up lengthwise; place it in a curve (arch to the head) on seat of chair and over it place a rubber or oilcloth sheet. Let the ends of this hang down into a pan at the foot of chair, folding in the two sides to make a trough. This will serve admirably to carry off water, discharges, etc., etc. Whenever it is possible, examine primarily at the office, but if a home examination is expedient this arrangement and the kitchen table with a chair or two will serve all purposes.

Have a metal stand holding two basins near your chair; one basin should hold your speculum, uterine sounds, etc. (in a hot antiseptic solution), the other water for your hands. Towels may hang from the side. Over the chair should be a full-size sheet, and as soon as the woman has been placed in position, cover her with it. Make an examination *impressive*; do good work and *charge* for it. Five dollars should be the minimum fee and two dollars at least be the price for each "office treatment." Ordinarily well-to-do people will pay twice this amount.

### *The Instruments Needed*

The instruments needed by the ordinary physician are not very many but he should have the best he can get and keep them properly in a dust-proof case. Every instrument should be boiled after using, and such instruments as may be needed frequently should be provided in duplicate. For average gynecological work the following list is suggested: (Microscopic work is *not* considered and instruments needed for major operations are also excluded.) Two Sims, a Simon and a Goodall speculum, a virgin (bivalve) speculum, two tenaculæ, two tenaculum forceps, two vaginal depressors, two dressing forceps (one straight, one curved), two uterine sounds, three applicators (better still a supply of wooden applicators), one cervical dilator, one cervical speculum, one set of rinsing curets, a pair of straight scissors, a dilating uterine douche, a dilating vaginal irrigator, a pair of placental forceps, a female catheter, set of sounds, a Pratt rectal speculum, a uterine syringe (hard rubber) and two or three strong artery forceps, together with such minor instruments (bistouries, needle holders, etc.), as are to be found in the ordinary pocket case.

### *Something About Specula*

Every practician will have his own ideas as to the "best" speculæ; however, a pair of good Sims, a Simon (curved) and a medium and small Goodall, Graves, or Cusco, will prove thoroughly efficient in every case. The irrigator should be attached to a rod fastened to side of chair and vaginal or intrauterine irrigations can be given at once by attaching the suitable nozzle. The same apparatus serve for irrigating the urethra of the male, the only change being necessary in the tip. Such instruments as are likely to be used should be placed either in one of the basins and covered with an antiseptic solution or upon a metal table covered with a towel. A tube of carbolated vaseline or other lubricant, a supply of cotton and gauze and plenty of *hot* water should be at hand. Mercury bichloride should never be used as an antiseptic for the instrument basin; a few drops of creolin will prove satisfactory. Any good liquid antiseptic soap will serve for the hands of the examiner and to cleanse the parts of the patient. Instruments may also be rubbed with this soap after using and then be boiled.

(*To be Continued*)

# NEURASTHENIA IN ADULT LIFE

This is the fourth paper in the series on "Neurasthenia". Cases are narrated illustrating the nature, development and perverted mental and physical conditions of different types

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II

These just-cited cases may be said to mark the three forms of neurasthenia, *which, taking origin in pre-adult, adolescent life, continue* (in fact or in effect) *into adult life*, producing in this period their legitimate and fully-to-be-anticipated results. But although they are the results of neurasthenia *in* adult life, they are not the result of the neurasthenia *of* adult life. They belong to the periods of puberty and childhood by reason of their causation, as truly as if the incidents had taken place while the victims were still "in their teens."

*Infatuation with a Dominant Impulse*

The infatuation with a single dominant impulse, conditioning the wholly physical life, so clearly the case in this clergyman, *may be seen in almost any young adult who is suffering from preadolescent mischief, but it is never seen in the young adult who is developing a neurasthenia from his disattachment to his surroundings.*

If we enter on an investigation of these cases, what do we find? A condition with a definite relation to the previous states? In a way, yes; and even more than this: conditions and relations strictly comparable with those of the periods now already discussed, but comparable only, for identification is fortunately impossible nor can they by any proper use of logic be made analogous. Related and analogous they are not; a certain likeness and coincidence of attributes they most certainly have, but not that sameness in development which might be expected and even demanded were the distinction between them no greater than it is commonly assumed to be.

In fact, however, the difference between the development of neurasthenia *taking origin late in life*, and one developing in adult life from conditions then coming into being, but made certain by and *originated in the conditions of preadult life*, is very great indeed. *The neurasthenia of childhood and puberty is due to overwork*, or work badly distributed, so that it effectually concentrates upon a special part of the nervous system; while *the neurasthenia of later life is due to senectitude*, the fact of growing old. The inability to meet the needs of the system in the matter of food, the failure of the tissues to assimilate the food brought to them, the slow repair of the tissue waste and the piling up in the body-cells of the products of this waste, thus feeding them on the refuse of their own life, such are the causes of neurasthenia when it shows its hated visage late in life. Failure in nutrition, in repair and in assimilation, we are told, are the causes of neurasthenia; and we are also told, in almost the same words, that almost the same causes bring about senectitude. Shall we on this account assume that neurasthenia and senectitude have the same anatomical basis and clinical manifestation? Not quite the same.

This would be an error, in its way causing almost as serious results as would the converse mistake, because in either case it will happen, neurasthenia being present or being not, that certain changes must take place from senectitude alone, must take place by virtue of that tendency to move which has conditioned life from infancy. We can see the same tendencies to tissue change at work, in not quite the same way perhaps, but yet we recognize these tendencies and the special influences of definite changes from time to time; now this and now another tendency which influences

development in this or that direction is more pronounced.

The general growing old, the gradual coming of the time when even the vitality needed for the heart-beat will be wanting, the weakening of now this group of cells, now that, is seen clearly and inevitably in senectitude as well as in neurasthenia; and yet we clearly see that while senectitude appears to aggravate neurasthenia it does not cause it. It may be that it only appears and does not really aggravate the neurasthenia, and yet it appears a necessary conclusion from the premises, that in the effects *the results of both associate*, so to say, and *in their consequences neurasthenia and senectitude are one*. Often the diagnostician sees not quite clearly and proclaims as his opinion that the symptoms are the product of the influence of senectitude acting prematurely, regardless of the possibility, that instead of premature senectitude neurasthenia is the foe which bids them to the battle. Not that such mistake is anything to be wondered at. It is not. Rather should we be surprised that this error is not made more often than experience shows that it is.

### *Symptoms of Late Neurasthenia*

Neurasthenia coming on late, it may be not until the victim is fifty years old, commonly shows its presence in respect to the *animus* rather than the *spiritus*. It usually happens that the victim of late neurasthenia discovers the changed conditions himself, and the knowledge for a time at least is his private cause of pain, and even terror maybe, while he and his physician are doing all they can, in hopes that he may be successfully treated while at work. Commonly the patient is about fifty years old. Osler notwithstanding, he is at the height of his usefulness; his *will* tells him, or rather his *consciousness of self* tells him, that for all the plans and purposes which form his life's ambition—have formed them since his youth maybe—*his will is as strong as ever*. He can conceive plans as wide in reach as ever he could, he can formulate projects as vast, and he is conscious of his ability to carry them out; but when after the *spiritus* has formulated the wishes and has said: "This will I do," he is astonished to find that the *animus* fails to reply: "Thus will I do it," or "thus it shall be done."

### *The Mental Neurasthenic Picture*

A consciousness comes to him that he is floundering amidst a crowd of half-formed plans. The purpose is well enough defined, but his plans appear to him to form in pieces which do not combine and dovetail as they used to do. At first he says: "I am very weary, I am overworked, I must have rest." He "takes a few days off"; makes a trip to seashore, mountains, forest, and finds to his great joy that even while at play his busy brain is working, and almost before he has begun to appreciate that he is "at play" his plans have found their missing links and he says to himself: "Now, then, I am ready and if those fellows will not let me in on the ground floor I will show them;" or some such formula of words spoken, or at least conceived, expresses his convictions and wishes.

He returns to his labor and for a little while all goes well, and then again he finds his memory failing him as it did before he went away to play; the written record begins to take the place of the living memory. If the "diary habit" was acquired in early life it suddenly grows greater in importance, and presently nothing is omitted. Memory as such is no longer trusted, nor is it made the depository of important details as once it was.

One who has for long time past, as such things are reckoned, been a depository of the secrets of many patients, has said that the study of a diary will tell more of the evolution of one of the cases than "thirteen times a baker's dozen of living witnesses." Not only does the diary increase in simple size, containing longer and more detailed entries, but the number of subjects considered increases; and from a simple memorandum of bald facts, such as sufficed in days long gone to form the clues for the memory, it becomes as near as may be an exact statement of details.

As the memory finds itself rested, since it now makes no effort to remember beyond the time needed to make the entry, say until late at night, the facts and details which are remembered are often very interesting subjects for study as showing unconscious observation. Conversation will often, even after the lapse of weeks, make a call on memory for a detail which the diary entry will show was not seen at the time, or more accurately had not made sufficient impression to be consciously remembered, and this detail will be forthcoming much to the surprise of the patient who maybe did not even remember the name of any man as such.

In passing, may we ask, where was this impression on the senses stored? and where was it sidetracked? and why? Such questions as this are doubly curious, because to this habit of memory is due much that is mysterious in the action of the mind when the man or woman is in the best of health, although this action is most frequently noticed in cases of neurasthenia, and instances of this description form the subject of many an entry in the diaries of cases of this form of nervous exhaustion, falsely so-called.

An instance of this sort is recorded in the diary of an acquaintance who is in this stage of neurasthenia, or rather he has become no worse during the lapse of years. The entry reads as follows: "Saw today a notice of the sleeping-car Xenia, and it came to me that I had ridden in this car from New York to Cincinnati, and also a number of incidents of the trip; and when I looked up the entries in my diary in relation to the trip, I find I wrote up my diary in my room the night of my arrival, and there the statement is made that my sleeper duplicate is mislaid and that the name of the sleeper was not observed."

This peculiarity in the action of the mind, this so to say recrudescence of memory, is well known to all of us from our own experience; every one has had such an experience as the recall of that name, Xenia; but either this phenomenon is more frequent in neurasthenic subjects than in healthy people, or they lay greater stress upon it; anyway, they mention it more frequently and regard it as being of more importance in the general experience of life than do others, at least usually.

*The Period of Delayed Memory*

After this condition has continued for some time, a period which I have classified and named in my previous writing "the period of *aides-memoire*," the diary which hitherto has contained few back entries begins to show these numerously; memory is delayed. The phenomenon of delayed memory, of details coming to one "out of the blue," details which were not recalled when the diary was being written up, becomes so frequent and is so much trusted to, that presently this comes to be regarded as a normal phenomenon and space is left for such details in the diary, or statements are made in reference to the events of past dates, with references. This condition usually sends the neurasthenic to the physician, eager for an answer to his questions, which from the sameness of the terms in which all men ask for an explanation of the phenomenon might be judged to present itself to all men in pretty much the same form: "Doctor, what is the matter? Am I about to become absolutely demented?" To which the physician wise in his generation contents himself with the reply: "Not yet certainly."

*Ridding the Body of Waste*

Given zeal and patience, a body rid of its waste by suitable precautions, systematic stimulation of changes toward repair and rest, not the make-believe article, that imitation rest which wearies more than work, but the kind of rest which rests, that slumbrous ease "when every sense asleep the mind a captive is." By far the most important point is ridding the body of its waste. The bowels must be stimulated, but not locally, not by purgatives, not by producing catharsis, but by stimulating the nutrition, the intracellular production of those stored substances by the means of which the metabolism of the cell is made possible.

Each case is its own criterion and the physician can by no means formulate a theoretical, systematic treatment, and say: "Thus will I treat neurasthenia and not otherwise"; for it is not neurasthenia, but the illness of a sick man, which he is asked to treat; not a manikin but a man which he is asked to mend. The man, the patient, conditions, must by necessity condition the treatment much more than any theory of the disease by any chance can do so. But one thing we can say: "Do not let him waste his time by sitting alone and brooding, brooding, brooding, in silent association with his own thoughts." This is to change the neurasthenic to a dement, a sick man to one incurable.

Sometimes in close association with this same detail, the loss of the certainty of memory of past years, is an intensified and imperious, ungoverned tyrant of a will. As the memory has become weak, the desire to do much in life becomes stronger, and as has been said, the capacity for weaving thought-webs is not by any means impaired, it may be even increased; at least it becomes or appears to become wonderfully active and acute. On the other hand, sometimes the will appears to fail. The mind makes no attempt to accomplish anything. The will to which is given the choice between action and rest refuses, or at least ceases to make any choice, and the unfortunate patient falls into a condition of indifferentism as wonderful to contemplate as it is painful to behold. The nutrition of the body is maintained in perfect order; as in the condition when memory begins to give to the man anxiety, no body (somatic) function, least of all nutrition, is disturbed. Bastian even declares that hypernutrition of the muscles always accompanies the first stage of both these manifestations of neurasthenia, emaciation coming on only in the last stage and indicating a rapidly fatal termination.

### *A Marvelous and Surprising Change*

The change in these cases is most marvelous and surprising: the man of dominating personality, of headstrong will, profoundly planning, ceases to form plans and acts only under the impulsion which is truly reflex, even when the motive of the action appears to be the centrifugal reflex from the highest centers, conditioned by some centripetal stimulus of the same high order. Yet in fact the action is in no sense the action of the man but of a mechanical toy which has taken the man's place, wears his clothes, lives his life.

It may be chance that both these conditions happen in the same man at the same time, the thought-faculty in this case being smudged out by the refuse so that it now smokes but no longer burns with the flame it was wont to give, enlightening and illuminating all about. Genius and talent are alike made dim and virtually mental imbecility stands in their room.

When by an evil chance these conditions coincide, it is hard indeed, even for the best diagnostician, to say this is not "softening of the brain," as the popular language calls the condition which it imagines to find lodgment behind the clinical picture; but indeed it is not so, neither is it progressive dementia. It is just simply a failure, utter and complete, but by no means of necessity permanent, of the body to clear away the ashes and to keep its fires bright with clean new fuel.

### *The Warnings—Perhaps not Noticed*

Naturally this condition does not come on without many warnings, The danger is that they may not be noticed, or if noticed may be heedlessly neglected, for to neglect such warnings is the habit of men engrossed in business. But just as the formation of the diary habit shows the consciousness of the need of *aides-memoire*, the memory's incapacity, just so the same comparative symptom is the danger signal in the other case.

Indeed, it may almost be described as a diagnostic, distinguishing the failing of the powers from neurasthenia from another failing which all too strongly it resembles, the failure due to dementia. So characteristic is the behavior of the patient in either case, that the distinction is easily

made, and we note that while in the initial stage of dementia the victim is self-asserting where he was once humble, playing the tyrant where once he was needlessly and injuriously kind, in this same stage of *neurasthenia of the will* the unfortunate seeks the advice of each person he meets, yielding up his rights on the least possible provocation or even on no provocation at all. We may justly say that if the one is indeed suffering from the monomania of greatness and self-esteem, the other suffers just as truly from a monomania of self-depreciation; have the one set of patients a conviction that *they* can do no wrong, the other appear to suffer in mortal terror lest they shall do no right.

This picture is needfully a trifle overdrawn, except in the more severe cases, but the characteristics less strongly marked than have been pictured here are to be found in every case.

*When Will and Intelligence Both Fail*

Sometimes both intelligence and will give out together, both *animus* and *spiritus*, and then, unless the body is very strong, the chances are indeed very many to one that in some moment when memory pictures the condition which has been, the condition which hope had pictured and that which is, the utter despair, which is but the negative side of equally unjustified hope, crushes the body's protest that the right of living belongs to it until it can live no longer, and the *spiritus* says: "I am overweary. I will to die." And the thinking brain in this, its last dread act, plans with a devil's ingenuity to gratify the will, and when the body bids them pause and remember that they are committing murder, they answer: "What is that to you?"

The friends find the body no longer the living agent of the will, the tool of the intelligence, nourishing and sustaining both, but only a mass of nitrogen-containing substances which presently will decay and return to the great matter-mass, again to be united to that whole from which that mysterious something which we ignorantly call life, or Life, had temporarily parted it.

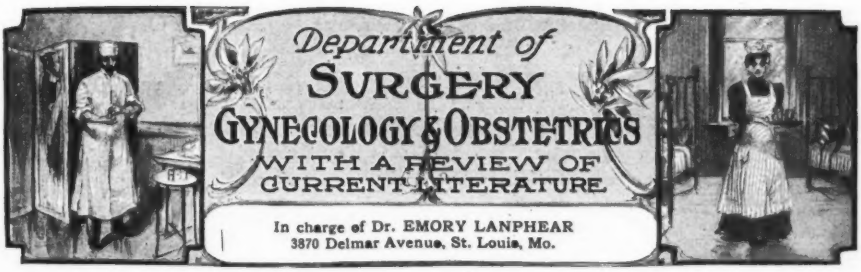
But are we powerless in the face of the gradual death, this "death not by inches but by microns?" Not all at once dies this victim, as when life is lost by some hideous catastrophe, as when a rifleball in battle destroys the centers by which heart and lungs are wakened to their duty, if they seek to sleep, and are checked and moderated when they would run riot. Can we then do nothing? Hardly as powerless are we as many have said, we think. This condition, before the final act, the cutting of the thread by the Grim-One-with-the-Scissors, is really no worse than are those cases in which the weakened, worn-out, starved and poisoned brain seeks rest in death from the torments of melancholia, the bilious intoxication of Collolian and Roy. Then why—we ask it in all good faith—why hesitate to seek some method to treat successfully this patient?

Experience has proved that the physician can bring relief to the worn and weary melancholiac, then why not make trial and see what we can do for the worn and weary neurasthenic? Let us not wait until it is indeed too late, until we see Death, who has already marked his prey, knocking at the door, but let us begin at once, so soon as we see that an opportunity is afforded to us.

It will be urged that the early symptoms are all subjective and that the symptoms do not become objective until the mischief has gone so far that not only the intellectual faculties are involved, but the very will itself. True, but not the Truth, at least not the whole of it. Let us consider just a little and see if there may not be just one clue to warn the educated man, the real physician.

In the first stage the diagnosis must be made between some disorder of the muscles, such as rheumatism, presenting nervous symptoms, and this nutritional disorder of the nervous system presenting symptoms implicating the muscles. Considering first the nervous-system symptoms of rheumatism, which are prominent at the time when the mistaken diagnosis can be made.

(*Concluded next month*)




# A GYNECOLOGICAL CLINIC

**The report of a case of stricture of the ureter, due to stone, causing severe attacks of colicky pain and finally demanding operative interference—the removal of the kidney**

By HOWARD A. KELLY, A. B., M. D., Baltimore, Maryland
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WE have this morning, for operation, the very interesting case which you saw in the cystoscopic room the day before yesterday and again yesterday when Dr. Hutchins made a cystoscopic examination and catheterized the ureters.

*The Family and Personal History*

The patient's history is a long and important one, dating back five years. She is a married white woman, aged twenty-eight. She comes in complaining of sudden attacks of pain in the right side accompanied with vomiting. The family and personal histories are unimportant, except that she had the various infectious diseases of childhood and at twenty had typhoid fever. There never has been any jaundice. She has always been subject to attacks of headache and vomiting. Menstrual history unimportant. Marital history: Three children; the oldest would have been five, the youngest is eleven weeks. All labors and puerperia normal. She has had considerable leucorrhea. Otherwise the history is negative up to the present illness, which begins in July, 1903, when she had a sudden acute attack of pain in the right side, followed by vomiting, which continued intermittently three days. Six weeks later her child was born and died in convulsions at the end of the first week.

Since this time she has had almost continuous pain in the right thigh, varying in intensity, but with definite exacerbations. Fourteen weeks after the first attack the second occurred, resembling the first in all details and lasting thirty-six hours. The third attack occurred the following month. This differed from the second in having prodromal symptoms, consisting of desire to micturate, with pain in the genitalia on passing her urine, which was scanty and associated with burning. An hour later she was able to void it freely. A little later on, while at stool, another attack came on, which was associated with vomiting and continued for a day. The vomitus at this time was bile-stained. Several days after, the patient thought that she passed something from the urethra but she did not look to see what it was. From this time on she was free from symptoms for half a year, when the fourth attack occurred, in the summer of 1904, and yet another one in the following winter. These were much less severe.

In April, 1906, there was a fresh attack, the patient at this time being in the third month of pregnancy. The pain was in

the groin, cramp-like in character and extending down the thigh. There had been a mucoid sediment in the urine, which was reddish in color. She was delivered in September, 1906, the labor and puerperium being normal. Three months later she had her seventh attack of pain, and the following day the eighth, which occurred shortly after the beginning of her menstruation. The ninth attack was three months ago, in November, 1906. She was admitted to the hospital early in December, at that time complaining of pain in the groin extending into the thigh, increased by lying down.

*Findings of the Physical Examination*

Her general physical examination showed but little. The abdomen was slightly tender on the right side. There was no muscle spasm. The liver and spleen were not palpable. The right kidney was palpable and moved on inspection; it was not tender; the left kidney was not palpable. Over McBurney's point there was slight tenderness and a soft mass was present which could be rolled under the finger. It was from this point that the pain originated. Neurological examination was negative. Pelvic examination was negative except for considerable tenderness on the right side anteriorly. There were no masses felt.

Cystoscopic examination showed the bladder and urethral orifices normal. The right ureter was easily catheterized with a medium-size wax-tipped catheter. In two minutes, 12 Cc. of normal-looking urine was obtained, and in the following four minutes, but 16 Cc. (Cultures were taken at this time and showed a pure culture of staphylococcus aureus.)

*Uneasiness and Pain Follows Ureteral Catheterization*

An attempt to inject this ureter was unsuccessful, as it was so large that there was continuous reflux around the catheter. This, however, gave an irrigation, and the distention produced uneasiness in the kidney region, but no definite attack of pain. The tenderness resembled the pain which she had before her severe attacks. She did complain of soreness and feeling of fulness in the right ovarian region. The wax tip showed no scratch marks. Two ounces of a one per cent solution of protargol were left in the bladder.

Several days later a second cystoscopic examination was made, and 35 Cc. of urine obtained in seven minutes, with a continuous flow from the right side. This was clear and contained a few shreds. When this amount had been obtained the flow became intermittent.

By using a larger catheter it was possible to inject 60 Cc. into the pelvis of the kidney and produce definite attacks of colic, similar to those of which the patient complained. The pain was in the superior lumbar triangle.

Following an attack of pain which occurred in the ward, the patient was catheterized on the right side, and 60 Cc. of urine obtained, which relieved the pain. The normal flow was 8 Cc. to the minute. On removing the catheter there was seen with the magnifying glass, or hand-lens, a scratch resembling that made by a rather rough stone. Upon these findings a diagnosis of stricture of the ureter was made and the possibility of a stone suggested.

*The Findings upon Operation*

Operation was advised and on December 18 an extraperitoneal exposure of the right ureter was made through a gridiron incision in the inguinal region. I am told that the ureter above the brim of the pelvis was greatly enlarged. It resembled small intestine. Below the brim it was normal. At the brim of the pelvis a definite constricting band was encountered. The wall of the ureter at this point was markedly thickened. Careful palpation over its entire length disclosed no stone. The dilated ureter was opened 3 cm. above the constricting band and a considerable amount of clear urine escaped. Wax-tipped catheters were then passed for their entire length in both directions. There were no scratch marks. The kidney pelvis and the ureter were also sounded with a metal instrument. The stricture was dilated with a Hegar dilator up to No. 8.

The constricting bands around this point were divided and the ureter closed with interrupted fine black silk sutures. Closure with a drain, which was removed on the third day.

The patient's convalescence was complicated by bronchitis and slight elevation of temperature, which reached normal on the seventh day. Three weeks after operation, cystoscopic examination showed the bladder and ureteral orifices normal. A double catheterization was done and the right ureter found to contain 22 Cc., while the left contained but 12 Cc. The rate of flow from the right side then became intermittent. Injection with methylene-blue brought on pain at 25 Cc., whereas before operation it required a dilatation with 60 Cc. On catheterization, 18 Cc. of fluid was returned immediately and the remaining solution on withdrawing the catheter; 2 Cc. being discharged on withdrawing it 5 cm., 2 Cc. on withdrawing 4 cm. farther, and on withdrawing it 4 cm. more there was no immediate continuous flow but a normal intermittent flow. At this point but 9 cm. of the catheter remained in the ureter.

*The Patient Returns to the Hospital*

The patient returned to the hospital a month later, February 9, and reported that she had been relieved for a short time but had had a recurrence of the old pain in the groin, hip, and thigh. This became much worse on February 1 and was definitely colicky, extending up as far as the lower border of the ribs and well around into the back, radiating to the hip. The general physical examination was the same as on the first admission. Pelvic examination.

Day before yesterday you saw the patient in the cystoscopic room. Examination with a No. 10 cystoscope showed the trigonum slightly injected, the ureteral orifices seemingly normal, but the left alone functioning. We were then able to pass a rather large ureteral catheter into the right ureter a short distance. The measurement of the catheter from the free end to the base of the cystoscope was 34.75 cm. Knowing the length of the cystoscope to be 11 1-2 cm. and that the total length of the catheter was 50 cm., we concluded that the obstruction is about 4 cm. from the ureteral orifice. We were able to pass a smaller catheter a slightly greater distance. The injection of a very small amount of fluid produced great pain, situated however much lower than when we injected the pelvis of the kidney. The wax tip on neither catheter showed scratch marks.

Yesterday you saw the patient cystoscoped again by Dr. Hutchins, when the findings were much the same. Catheterization of the left side was done, and urine, normal in amount and constituents, was obtained. On the right side he was able to pass the smallest ureteral catheter only 6 cm., when its passage was abruptly stopped.

*The Operation: Technic and Findings*

An incision was made extending on the right side, from a point 5 cm. above the iliac crest down to the middle of Poupart's ligament. Manual exploration of the abdominal cavity showed the gall-bladder empty; the liver pushed forward by a large kidney 18 cm. long, on the inner side of which projected a greatly distended, tense renal pelvis, larger than the middle finger and about 9 cm. long. Its lower pole was continuous with a large, tense ureter, which was dilated even below the pelvic brim. The appendix was long, injected, but not definitely diseased. The ovaries and tubes were normal. Following the ureter through an incision in the pelvic peritoneum, a mass the size of a lima bean was encountered, which was quite hard though seemingly possessed of some elasticity; it suggested a gland which might be carcinomatous, or, possibly, a stone. The tissue surrounding this was adherent, but slightly movable with the overlying peritoneum, and somewhat irregular. The ureteral distention ended at this point, which was situated well in the base of the broad ligament.

As it was necessary to explore further in order to decide upon our action, we divided the infundibulo-pelvic ligament and pushed the tube, ovary, and uterus toward the opposite side. This gave a better exposure,

but as the pelvis was extremely deep, we gained a decided advantage by removing these organs and splitting the broad ligament almost to its base. This gave ample room and we could dissect the ureter out from the iliac artery to its enlargement. The adhesions which involved the ureter through its entire length from the kidney to the broad ligament showed us that our selection of the abdominal rather than the dorsal route was a good one, even if we found that we had to remove the kidney. The exposed mass now felt more like a stone. It was so deep and we had such a small amount of normal ureter between it and the bladder that, as it would be necessary to remove a considerable portion of the diseased ureter with the urine it seemed wise not to attempt to perform a ureteral anastomosis, nor could we well bring up such a diseased ureter and implant it in the base of the bladder, as we did in the carcinoma case a few days ago. Whether or not we could remove the stone and leave a ureter which would be functional, with the amount of adhesions, the distention, and thickening we had at the point of lodgement was very doubtful; and as the urine examination showed us that the other kidney was doing its work, we felt that the best thing for the patient was to remove the kidney and ureter.

*The Removal of the Kidney*

Clamps were then applied below the obstructing mass and the ureter divided between them. The mucous membrane of the divided lower portion was cauterized with pure carbolic acid. The ureter was dissected up easily as far as the pelvic brim, where the ovarian vessels were encountered, divided between clamps, and ligated. The dissection which had thus far, been done, in the periureteral tissue, was now carried down to a deeper layer, and the ureter was stripped out much more readily. The peritoneum was now closed in the lower half of the wound, and the incision continued upward and downward throughout the entire thickness of the abdominal wall in a line parallel with the nerves, almost to the costal margin in the anterior axillary line. The posterior parietal peritoneum was then stripped back from the exposed portion of the ureter (just above the iliac vessels) and with it the ileum. This gave a pocket, to which the dissected ureter was shoved with a clamp, the peritoneum being opened above the ileum, the ureter drawn through. The further dissection was then carried rapidly up to the kidney, with which it was removed. Ligation of vessels with catgut and closure of the abdominal wound with the exception of several cigaret-drains which were left to take care of a slight ooze along the bed of the ureter.

*Conclusion*

There are three classes of stricture of the ureter, if we define stricture as anything encroaching upon its lumen. The first results from conditions outside of the ureter (extrinsic causes) tumors, fibromata, ovarian growths, pelvic inflammation, and other causes. The second from conditions in its wall resulting in stricture (intrinsic causes) —such as thickening of the walls from tubercular or pyogenic infections, the secondary effects of calculous irritation. The kinking of the ureter might be considered in this class, as well as result of the third class— things within the ureter, such as stone, and, occasionally perhaps, clotted blood. Annular stricture of the ureter is very rare; it is always secondary to some of these real causes. The only cases that can be considered conservatively are the small series of cases which arise from injuries at operation, the scar causing the stricture, with everything ideal for an anastomosis. I had such a case recently which was cured by simple dilation. Sometimes, when the ureter is engaged by adhesions but not involved, the simpler division of these bands will result in a cure. This I did in a case some time ago. The history of this case shows that the pain has been less lately than it was sometime ago. This is to be expected when we find a kidney and ureter dilated as this was to its greatest extent. Pain occurs only during the process of dilatation, ceasing when it becomes stationary, but reappearing if further dilatations occur.

# THE HYOSCINE-MORPHINE-CACTIN COMBINATION

**Is it a safe combination for the production of surgical anesthesia and painless labor? A review of the literature and a collation of recorded experience**

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IN view of the facts: (1) that there is at present a most lively interest in hypodermic anesthesia; (2) that it seems demonstrable that a perfect surgical anesthesia may be produced safely by a certain combination containing chemically pure hyoscine; (3) that an impure "scopolamine" upon the market produces death or very alarming symptoms, and (4) that certain pharmacologists are claiming that scopolamine and hyoscine are identical and that the so-called "Abbott-Lanphear anesthesia" is therefore dangerous, it seems to me that a careful analysis of the facts, together with a few words of warning should be of interest to the profession.

The following are the chief points of import:

1. That "scopolamine" made from Scopola atropoides is an unreliable and sometimes dangerous drug.

2. That "hyoscine" made from henbane is not, therapeutically, identical with the "scopolamine" of commerce, even though it be named "hyoscine," as much of the commercial drug is.

3. That a proper mixture of chemically pure (true) hyoscine, morphine and cactin, is a safe, cheap and efficient substitute for chloroform and ether for surgical anesthesia and for painless confinement; and as an analgesic is far superior to the usual morphine-atropine combination.

*The Dangers from the Use of Scopolamine*

1. Relative to the first proposition I said in my first contribution to the literature of this subject that the scopolamine used by some manufacturers of hypodermic tablets is (1) often unreliable and (2) sometimes dangerous—that "fifteen or more deaths have been reported from its use—and hence it has been abandoned by most operators; besides its danger it has been found to be unreliable, Merck saying that only scopolamine of minus 20 degrees optical rotation is safe and serviceable, while much in the market is as low as minus 2, being practically valueless." And W. C. Abbott of Chicago in *The International Journal of Surgery*, February, 1906, pointed out the same thing. H. C. Wood, Jr., of Philadelphia, analyzed the reported fatalities (mostly foreign) from the use of commercial scopolamine and morphine, and in an article in *American Medicine*, December, 1906, concludes that of the deaths recorded, at least nine were directly traceable to the scopolamine-morphine used to induce anesthesia. But his assertion that therefore only ignorant surgeons will continue to use a hyoscine-morphine combination to produce surgical anesthesia is based upon his assumption that scopolamine (or so-called "hyoscine") made from Scopola atropoides is identical with hyoscine prepared from hyoscyamus niger, because certain manufacturers so declare and the United States Pharmacopeia states that hyoscine and (pure) scopolamine have the same chemical formula. I believe all investigators agree that scopolamine as found in the market is usually unreliable and sometimes, in fact often, dangerous.

2. To substantiate, if possible, that which I felt sure I had clearly demonstrated, experimentally: that chemically pure hyoscine made from henbane is not, therapeutically—and possibly not chemically—the same as scopolamine (or so-called "hyoscine" from scopola), I wrote to the leading manufacturers of hypodermic tab-

lets in the United States, submitting certain questions for answer. As a result of this correspondence it may be said:

(*a*) That much of the "scopolamine" bought by certain commercial manufacturers is impure, of low rotatory power, and unreliable;

(*b*) That some of the "scopolamine" is dangerous from admixture with apoatropine;

(*c*) That some "hyoscine" tablets are simply "scopolamine"—which may or may not be dangerous on the one hand or unreliable on the other;

(*d*) That there is obtainable a chemically pure hyoscine made from hyoscyamus, of minus 20° optical rotation, free from apoatropine, atroscine, etc.; and

(*e*) That this hyoscine differs therapeutically from most of the "scopolamine" sold in this country, being perfectly reliable and apparently safe.

*Testimony of Various Firms*

Directly bearing upon this second proposition Merck & Co. write: "Hyoscine hydrobromide and scopolamine hydrobromide are identical, that is, the *absolutely pure* alkaloids are identical; but impurities vary, naturally, as the two are made from two different plants—though there *should* be no impurities if they are properly prepared. Chemically pure scopolamine is a safe remedy in doses of 1-100 grain, and is therapeutically active if close to minus 20°. There are, however, inferior products on the market; *the most important one of these as to sales* (italics mine) has a rotatory power of only -2°. Such a product must contain impurities, such as atroscine."

John Wyeth & Bro. write: "Mr. Louis Merck of the firm of Merck & Co., Darmstadt, Germany, the leading manufacturers of alkaloidal salts, states in a paper published in *The American Journal of Pharmacy* that the hyoscine put upon the market by his firm has been and is identical *in chemical formula* with scopolamine, but the firm retains the name hyoscine for the alkaloid from hyoscyamus and scopolamine for the alkaloid from Scopola atropoides. *"Nevertheless, despite this apparent identity, it seems to be pretty safely established that these two substances differ materially in their therapeutic action.* This is no doubt due to the fact that the commercial scopolamine hydrobromide contains, as a rule, a varying admixture of another scopola alkaloid. Owing to the presence of this alkaloid, commercial scopolamine has, as a rule, a much lower rotatory power than the salt prepared from henbane (Hyoscyamus niger); and Schmidt concludes, from the fact that since scopolamine may be obtained with normal or with feeble rotatory power, according to the mode of operating on scopola, that the inactive scopolamine does not exist naturally in the root but is formed in the course of extraction. The admixture of varying proportions of atroscine in commercial scopolamine is evidenced by the varying melting point of the latter, which ranges all the way from 178° and 190° C.

"We answer your specific questions as follows: (1) Is hyoscine hydrobromide, therapeutically, the same as scopolamine? Answer: No. (2) Is the optical rotation of hyoscine variable from -20° to -2°, as is scopolamine? Answer: No. (3) Is commercial scopolamine a safe remedy in doses of 1-100 grain or does it contain atroscine, apoatropine or other impurities which render it dangerous? Answer: Not as safe as hyoscine, owing to the varying proportion of atroscine, etc., present. (4) Does hyoscine hydrobromide, as employed by you for making hypodermic tablets, contain any impurities which make it a dangerous remedy in doses of 1-100 grain, every hour, three times? Answer: We have been using for years hyoscine hydrobromide made by one of the most reliable manufacturers in the world, and despite the fact that we have been selling these tablets in large quantities for a good many years, we have never had any complaint of their causing any untoward effects."

Upon this question Sharp & Dohme write interestingly: "There are two kinds of this product (scopolamine) upon the market, one optically active, with an optical

rotation to the left varying from 20 to 2 degrees, and the other optically inactive. The melting point of these two is different, the inactive melting at 179.7°C. and the active melting at 191.6°C. The optically active preparation is the preferable one, although the manufacturers of the other *claim* that both are equally efficient therapeutically. But Kobert has shown that apoatropine sometimes is present, and when it is so, the optical rotation is greatly reduced; *and apoatropine is responsible for the bad after-effects.* If it is levorotatory less than 10 degrees it would indicate that it is mixed with some apoatropine. We use, in making our hypodermic tablets, a hyoscine hydrobromide in which the alkaloid possesses a distinct levorotatory action upon polarized light only."

Eli Lilly & Co. write practically in substantiation of these facts as do also G. F. Harvey & Co. and Nelson, Baker & Co. (who, however, state that they supply the alkaloid of scopola—scopolamine—whenever hyoscine is ordered, but so inform the purchaser). Mallinckrodt Chemical Works make their "hyoscine" as well as "scopolamine" from scopola—in which they are fortified by permission of the U. S. P. John T. Milliken & Co. declined to answer. Parke, Davis & Co. ignored the request for information, simply referring me to the misleading and wholly unreliable matter in *The Journal of the American Medical Association.* The Abbott Alkaloidal Co. use only chemically pure hyoscine derived from hyoscyamus, -20 degrees rotation, and label the tablets made from the alkaloid of scopola "scopolamine." Dr. Abbott's position is well known: that only pure hydrobromide of hyoscine should be employed for making this anesthetic tablet; and that if scopolamine be substituted it should be with a full understanding that by reason of one impurity or another it may be either unreliable or dangerous—a danger for which the surgeon himself must be held responsible, since he can easily secure pure hyoscine instead.

3. As to the third proposition there is much to be said. After exhaustive experimentation the formula decided upon by Dr. Abbott and adopted and extensively used by myself is:

Chemically pure hyoscine hydrobromide, 1-100 grain.

Chemically pure morphine hydrobromide, 1-4 grain.

Cactin (from Cactus grandiflorus), 1-67 grain.

*Dosage.*—For small operations, like repair of lacerated cervix, appendectomy, removal of gallstones, resection of the bowel, etc.: One tablet to be injected in the arm two hours before operation; a second, a half hour before operation; twenty to forty drops of chloroform at beginning of operation or a little cocaine locally.

For huge operations like abdominal hysterectomy, trephining, Kraske operation, amputation of thigh, etc.: One tablet hypodermically three hours before operation; a second an hour and a half later and a third when the patient is put upon the table. By the time preparations are completed, hypnotic anesthesia usually will be profound. Robust male patients may require a few drops of chloroform by inhalation, from half a dram to a dram sufficing for three or four hours' work.

The third dose, of course, is not to be given if two have produced the desired effect.

*Safety.*—This formula seems to be perfectly safe. I have used it in nearly 400 capital operations without an alarming symptom; and have reports from others of more than 1000 cases without an accident of any kind. Judging from my own experience and that of others thus far reported it appears to be absolutely safe *if chemically pure agents are employed,* just as chloroform is safe only when free from impurities.

### *Immediate Effects of the Anesthetic*

If left undisturbed, soon after the first injection the patient sinks into a tranquil sleep; a few minutes after the second one almost total unconsciousness is noted—always the individual is brought into the operating room free from anxiety and excitement.

The respirations sink to about 8 or 6 per minute (practically the same as in deep, normal slumber), but the color remains good.

The pulse is increased to 90 or 100, and is full and strong, even though the patient may have been brought into hospital suffering from shock.

The reflexes are not abolished, nor is the pupil inactive to light. If found dilated after the second dose, plain morphine should be employed for the third (if needed).

While the patient is not profoundly unconscious (as a rule), the analgesia from two doses is sufficient to permit most operations like curettage, perineorrhaphy, hernia, resection of rib, etc. The patient may make a little complaint on cutting the skin or pulling on the peritoneum, but with the use of a few drops of chloroform—sometimes none—hysterectomy or gallstone operations may be done readily, or, with a little cocaine for the skin, extensive resection of the bowel, appendectomy, etc.

Under three full doses (an hour or an hour and a half apart), the last a half hour before cutting, the most extensive and prolonged operations may be performed: amputation of the thigh, trephining, excision of the mammary gland and axillary contents, removal of the superior maxilla, abdominal hysterectomy, Kraske's operation of removal of the rectum, Schede's operation of excision of chest-wall, nephrectomy and thyroidectomy being some of the operations I have made without the use of a drop of chloroform.

### *Some of the Possible Dangers*

*Respiratory Failure.*—Among possible dangers, cessation of respiration would seem to be most likely to occur. Practically I have never seen any trouble except in one case where a fat woman's tongue dropped into the pharynx—and withdrawal of the tongue promptly relieved it. During operative work the respirations generally come up to the normal; after operation, if they should drop below six per minute, very strong coffee might be given by rectum, and strychnine administered: 1-15 grain hypodermically. Or by shaking his shoulder, with sharp command, the patient may, from time to time, be made to breathe voluntarily. However in no case thus far recorded has there been the slightest alarm (even in back-woods farm houses, with inexperienced nurses in charge, as much of my work has been) as to respiratory paralysis.

*Anuria.*—Suppression of urine is one of the greatest dangers from an impure scopolamine. Dr. G. M. Phillips, Professor of Genitourinary Surgery in Barnes University, St. Louis, has had two deaths from "scopolamine-morphine" anesthesia and Dr. J. C. Murphy, Professor of Obstetrics in the St. Louis College of Physicians and Surgeons one—all three from anuria following the use of so-called "hyoscine" tablets prepared by the firm alluded to by Merck as the heaviest purchasers of "hyoscine" (scopolamine) made from Scopola atropoides and therefore likely to contain apoatropine, etc.

In the treatment of anuria the sulphate of sparteine in doses of one or two grains hypodermically every three or four hours has been found most effective by Stuart McQuire of Richmond. Its action is manifested within thirty minutes. With it should be used hypodermoclysis: one liter of salt solution to be injected into the cellular tissue of the breast or buttock and repeated in three or four hours.

Probably it is best not to use this form of anesthesia when there is decided nephritis.

*Heart Failure.*—Thus far there has never been any indication of failure of heart-action, although warning has been given by Abbott and others that there might be trouble in case of serious organic heart lesions. Several of my patients have had mitral insufficiency but the cardiac rhythm has been improved rather than made worse by its use. Tablets made with digitalin instead of cactin have not been as satisfactory as those from the regular formula. The suggestion to add atropine, ignorantly made by some, is the sheerest folly.

Remote effects are conspicuous by their absence.

There is no nausea or vomiting in most instances—a distinct advantage in abdominal surgery.

There is no constipation—generally the bowels move spontaneously the day after operation.

Rarely there is slight, transitory delirium following its use, especially noted when strychnine is given.

A few patients have slept too long to suit their friends, and most doctors also fear too long a slumber. Nearly always the patient is wide-awake, even after three full doses, within one or two hours after being returned to bed. The longer the patient sleeps the better, eight to twelve hours being desirable. Some women sleep most of the time for twenty-four hours.

Conspicuous among after-effects is the freedom from pain. After the most extensive and severe operations patients are perfectly comfortable during the hours usually so full of suffering and restlessness.

Severe thirst is also absent unless there has been serious hemorrhage, and much earlier than after any other anesthetic the patient may have both food and drink.

Shock is practically eliminated save from loss of blood or long exposure of viscera. Use of this anesthetic demonstrates that much of what we have heretofore called "shock" is too much chloroform or ether.

*Age Limit.*—It should not be used in very young children (who bear morphine badly) nor in the extremely old. I have given it to patients 70 years of age without fear, but on the other hand, I have declined to give it to those of 60 who had atheromatous vessels and other marked evidences of old age.

### *Its Use in Labor Cases*

Its field of usefulness in labor would seem to be almost unlimited—for under two or three doses delivery may be rendered practically painless and the most severe obstetrical operation performed without the knowledge of the mother. Even half doses will do in many cases, the patient being delivered painlessly without losing consciousness.

It does not seriously interfere with uterine contractions: the action of the combination of hyoscine and morphine upon the involuntary muscles being practically *nil;* contrary to our experience with anesthetic inhalants, under profound anesthesia the pupillary reflex is present, peristalsis continues, etc. If at the beginning of the first stage, one gram (fifteen grains) of quinine be given labor will progress even during total unconsciousness. If it is delayed in the third stage the forceps should be used.

In labor, good judgment should be exercised. If a single pronounced effect is desired, one full dose may be given; but if prolonged effect is essential, half the dose repeated in one or two hours is perhaps better.

So far as noted in the numerous cases reported it does not affect the fetus in any undesirable way, except that there is perhaps a little more than the usual amount of trouble in making the child breathe; but no fatalities have been recorded traceable to the use of the anesthetic.

It is best to give it only after the os is dilated so far as to admit two fingers, though in prolonged "first stage" it may be given at any time the patient begins to complain bitterly. In an hour and a half, if needed, a second dose may be injected; and a half hour later, unless the patient is unusually nervous, forceps-delivery may be made and the perineum repaired without the knowledge of the patient.

Occasionally a third dose may be necessary in contracted pelvis or for Cesarean section. It should never be given sooner than three hours after the first dose, i. e., one and a half hours after the second.

Its value in emergency work can scarcely be overestimated. In a serious calamity where many are involved and help is scarce (as in railroad accidents, explosions, huge fires, etc.) it is of the utmost utility. Every hospital, every emergency-surgeon, every ambulance-man should be supplied, as should also every army-surgeon, whether in division-hospital, in the field-hospital or on the firing line; the possible diminu-

tion of human suffering by use of this hypnotic-analgesic-anesthetic combination is beyond estimation. It relieves pain, reduces shock and puts the patient in best possible condition for a general anesthetic if a third dose be deemed inadvisable.

To those who are afraid or skeptical, the following advice is given: One hour before a serious operation administer one tablet; see how little chloroform will be required and how little postoperative suffering there will be. After a few trials, give one dose two hours before and a second a half hour before operation; see how few (especially women) will require any chloroform at all. And finally when accustomed to its effects try the third dose, as directed, in appropriate cases.

My opinion is that ultimately this combination wil be used most extensively for partial anesthesia—total unconsciousness being induced by a trifling amount of chloroform by inhalation; the full analgesic effect of three doses being reserved chiefly for those cases in which for any reason it would be injudicious to use chloroform or ether. But in my own work I am using it for practically all major operations—the narcosis is entirely too profound for minor surgery; and I am sure that others who try it carefully, in appropriate cases, will become as enthusiastic as I am, on account of (a) its simplicity, (b) its freedom from postoperative nausea and pain, (c) its economy and (d) its attractiveness to patients who so greatly dread either chloroform or ether.

## STATISTICS.

The following doctors have reported upon the use of this combination in surgery and obstetrics. It will be noted that a majority failed to give the number of cases. This, I hope, will be remedied in a subsequent report:

| NAME | ADDRESS | LABOR | SURGICAL | FAILURES | REMARKS |
|---|---|---|---|---|---|
| T. Anderson | Ceresco, Neb. | 27 | 11 | | Eminently satisfactory. Some excitement in two cases |
| John Akester | Farina, Ill. | | | | |
| B. F. Andrews | Watehaula, S. P. Mex. | 3 | 5 | | Highly pleased with effects |
| O. H. Avey | Payette, Idaho | 6 | | | Half doses only |
| H. B. Akins | Ava, Ark. | | | | |
| H. Allison | Kingsville, Tex. | | | | |
| E. K. Anderson | St. Charles, Ia. | | | | |
| R. F. Amyx | St. Louis, Mo. | | 62 | | Bad cyanosis in one patient, 70 years old, with emphysema |
| G. Augustin | Minden, Ia. | 3 | 5 | | Ideal in suitable cases |
| M. A. Austin | Anderson, Ind. | | | | |
| O. B. Atkinson | Florence, Tex. | | | | |
| W. E. Alexander | Memphis, Mo. | | | | |
| D. Anderson | Murdo, S. D. | | | | |
| J. B. Ashford | Watervalley, Tex. | | | | |
| B. Asman | Louisville, Ky. | | | | |
| F. C. Beals | Salamanca, N. Y. | 12 | 5 | | Child often sleeps for hours |
| F. Otis Bryant | Chester, Pa. | 2 | 1 | | Slight cyanosis of one child |
| M. Baker | Webster Groves, Mo. | | | | |
| W. C. Butler | Ft. Ritner, Ind. | | | | |
| J. H. Brooks | Carterville, Ill. | | | | |
| C. W. Baynham | Ft. Smith, Ark. | 28 | 3 | | Happy results in all |
| A. D. Barnet | Guilford, Mo. | 1 | | | Miscarriage—the very thing |
| W. F. Briney | Chicago, Ill. | 10 | | | Does not interfere with pains |
| M. Beshoar | Trinidad, Colo. | 3 | 2 | | Controls pain perfectly |
| E. L. Brown | Bloomington, Ill. | 2 | 1 | 2 | Wild delirium in two |
| R. E. Buchanan | Independence, Ia. | | 4 | | With a little chloroform in three |
| S. E. Bamford | Hastings, Neb. | | | | Reliable and safe, apparently. Number of cases not given |
| P. L. Brick | Le Mars, Ia. | 10 | 3 | | A mystery as to source of action |
| B. A. Bobb | Mitchell, S. D. | 28 | 25 | | Two doses with a little chloroform |
| L. M. Brady | Limon, Colo. | 4 | 2 | | Results were admirable |
| Chas. Boyd | Ionia, Ga. | 3 | 1 | | |
| H. S. Belt | South Boston, Va. | | 3 | | AMER. JOUR. CLIN. MED. |
| John Boice | Denver, Colo. | | 5 | | Shall use them oftener hereafter |
| O. W. Baird | Marquette, Kans. | 5 | 2 | | A "Cracker-Jack" |

| Name | Address | Labor | Surgical | Failures | Remarks |
|---|---|---|---|---|---|
| E. Burd | Lisbon, Ia. | 3 | 2 | | A little trouble with child |
| L. A. Brusted | Park River, N. D. | | 2 | | |
| W. J. Bradley | Cedar Rapids, Ia. | 31 | | | Excellent anesthesia |
| C. H. Browning | Oberlin, O. | 1 | | | |
| H. G. Baldwin | Tannersville, N. Y. | | | | |
| E. M. Brundage | Millstream, N. B. | | | | |
| C. Baker | Herrin, Ill. | | | | |
| R. A. Black | Burnham, Me. | 1 | 1 | | Some difficulty with breathing of child |
| A. E. Crowell, | Rockdale, N. Y. | | | | |
| J. G. Campbell | Spring Hill, N. S. | | | | |
| C. E. Case | Tacoma, Wash. | | 6 | | *Medical Sentinel*, April, 1907 |
| R. Crookshank | Rapid City, Manitoba | 1 | | | |
| N. H. Crosby | Nilo, Me. | 2 | | | |
| G. W. Corman | Paris, Ark. | | | | It is great! Number of cases not given |
| C. S. Clark | Arroyo Grande, Cal. | | | | |
| H. E. Campbell | Anita, Ia. | | | | |
| W. P. Courtright | Sedan, Kans. | | | | |
| W. A. Clark | Jefferson City, Mo. | | | | |
| E. M. Curry | Hastings, Colo. | | | | |
| H. L. Clark | La Cygne, Kans. | | | | |
| O. B. Campbell | St. Joseph, Mo. | | 76 | | A little chloroform required in about 75 per cent of cases |
| H. F. Curtis | Fiskdale, Mass. | 1 | 1 | | |
| H. R. Codd | Haileyburg, Ont. | | | | |
| O. M. Crenshaw | Taylorsville, Ky. | 6 | 3 | | Retarded labor too much; now shall use for forceps cases |
| L. A. Crutcher | Louisville, Ky. | 6 | 1 | | Perfectly satisfactory |
| J. M. Crenshaw | Redlands, Cal. | | 34 | | One of the greatest discoveries in the history of medicine |
| Wm. Douglas | Tacoma, Wash. | 1 | | | *Medical Sentinel*, April, 1907 |
| W. P. Duncan | Jacksonville, Ill. | | | | |
| F. V. Dotterwich | Ashland, O. | 14 | 4 | | Uneasy about respirations when three doses are given |
| E. C. Davis | St. Joseph, | | | | |
| W. B. Dewees | Salina, Kans. | | 96 | | Good results except in two cases where pallor and clamminess appeared [from an unnecessary third dose] |
| J. Davis | Raritan, Ill. | 6 | | | |
| C. H. Davis | Jiminez, Chih. Mex. | | | | |
| C. L. Devall | Ft. Worth, Tex. | | | | |
| C. E. Dorr | Worden, Ill. | | | | |
| D. Dunton | Paris, Ont. | 1 | 2 | | Entirely satisfactory |
| J. M. Day | Waynesville, O. | | | | |
| G. B. Darrell | Republic, Mo. | | | | |
| J. S. Dickinson | Trenton, Ky. | 2 | 2 | | A perfect success |
| F. B. Dorsey | Keokuk, Ia. | | | | Afraid of low respiration and quit |
| C. G. Duncan | Socorro, N. M. | 8 | 5 | | All perfectly successful |
| W. J. Dugan | Lovington, Ill. | 2 | | | Drowsy baby in one |
| J. P. Dunigan | Sullivan, Mo. | | 1 | | |
| J. A. Denman | Rodgers, Tex. | 6 | | | |
| R. H. Endicott | Oakdale, Cal. | 2 | 1 | | Surgical case 86 years old |
| W. W. Essick | Murphysboro, Ill. | | | | |
| G. C. Eggers | Clayton, Mo. | | | | |
| A. M. Elmore | Dallas, Tex. | | | | |
| B. E. Escue | Sharon Grove, Ky. | 1 | | | Half strength |
| D. W. Evans | Scranton, Pa. | 2 | 6 | | Too prolonged sleep sometimes |
| O. J. East | Constantine, Mich. | 13 | | | Could not do without it |
| U. H. Farr | Paragon, Ind. | | | | |
| E. N. Funk | Shreve, O. | | | | |
| E. E. Flagg | Mooreland, Ok. | | | | |
| C. M. Freeman | Rock Springs, Wyo. | | | | Action is wonderfully effective. Number of cases not given |
| H. R. Fairfax | McComas, W. Va. | 3 | 1 | | Surgical cases had two doses and one dram chloroform |
| J. G. Fischer | Alma, Mo. | 2 | 1 | | |
| G. H. French | Carbondale, Ill. | | 1 | | Satisfactory (dental work) |

| Name | Address | Labor | Surgical | Failures | Remarks |
|---|---|---|---|---|---|
| B. F. Felix | Cerulean, Ky. | | | | |
| J. Wesley Frank | Kansas City, Kans. | | | | |
| J. H. Ferguson | Colorado Springs, Colo. | | | | |
| S. T. Frazer | Commerce, Mo. | | | | |
| Chas. Freedman | Los Angeles, Cal. | | | | |
| C. E. Gayer | Raton, N. M. | | 12 | | |
| H. P. Greaves | Waterproof, Ia. | | | | |
| E. B. Gregory | Reno, Nev. | 1 | 2 | | Especially good after a "spree." |
| H. M. Grace | Chillicothe, Mo. | | 4 | | Worked like a charm in every case |
| A. E. Gundry | St. Marys, Kans. | | | | |
| W. P. Gordon | Carlyle, Ill. | 10 | 3 | | The more used the better liked |
| W. C. Gentry | Weaubleau, Mo. | 1 | 1 | | Entirely satisfactory |
| F. W. Garcia | St. Louis, Mo. | 1 | 5 | | Perfect results |
| B. J. Getzlaff | Sutton, Neb. | | 20 | | Has used morphine-scopolamine anesthesia four years (250 anesthesias). Now using H-M-C tablets |
| J. T. Green | Leitchfield, Ky. | 6 | 23 | | |
| W. E. Gossett | Buffalo, Wyo. | 14 | 1 | | Very satisfactory in all cases |
| I. R. Godwin | Fincastle, Va. | 4 | | | |
| E. A. Geltch | Kenman, Wis. | | | | |
| B. S. Grover | Colorado Springs, Colo. | | | | |
| Chas. Gaviller | Grand Valley, Ont. | | | | |
| I. P. Gears | Riverside, N. M. | | | | |
| M. W. Hill | Mt. Vernon, Ia. | | | | |
| A. H. Hazlett | Dunlap, Ia. | | | | |
| W. T. Harrison | Keene, Ont. | | | | |
| J. M. Hawk | Waketon, Tex. | 2 | | | A fine preparation |
| W. S. Huffman | Kingsville, Tex. | | | | |
| G. Harwood | Johnson City, Tex. | 4 | | | Splendid results |
| R. S. Harnden | Waverly, N. Y. | 1 | 1 | | |
| C. W. Higgins | Minneapolis, Minn. | | | | |
| F. A. Harper | Pittsburg, Kans. | 4 | | | Ideal in every way |
| W. Herrington | Green City, Mo. | | | | It does the work. Number of cases not given |
| H. C. Howard | Champaign, Ill. | | 5 | | A "God-send" to the surgeon |
| J. W. Hamilton | Mt. Vernon, Ill. | | 70 | | Usually with a little chloroform |
| W. O. Henry | Omaha, Neb. | | | | |
| W. S. Harvey | Salina, Kans. | 26 | 11 | | Fine result |
| C. B. Hall | Copenhagen, N. Y. | | | | |
| E. L. Hafner | Hermann, Mo. | 9 | 2 | | One syncope—85 years old—recovered |
| W. G. Hughes | Campbell, Mo. | | | | |
| C. F. Howard | Deepwater, Mo. | | | | |
| J. C. Hall | McPherson, Kans. | | 12 | | Am. Jour. Clin. Med., May, '07 |
| J. M. Huber | Chicago, Ill. | | 12 | | A little chloroform in three cases |
| E. C. Henry | Omaha, Neb. | | | | |
| H. L. Imus | Zeeland, Mich. | | 4 | | Fine results so far |
| J. M. Inge | Denton, Tex. | | | | Destined to be one of the most important accessories to major surgery |
| B. H. Jenne | Otisville, Mich. | 8 | 4 | | One case with great excitement of mother and (non-fatal) cyanosis of child |
| N. J. Jones | Shelby, Ia. | 4 | 2 | | Excellent also for dysmenorrhea |
| J. L. Jarvis | Syracuse, N. Y. | | | | |
| J. M. Jones | Starke, Fla. | | | | |
| E. L. Johnson | Maine, N. Y. | | | | |
| J. B. Knipe | Armstrong, Ia. | | | | |
| A. R. Knapp | Garden City, Kans. | | | | |
| E. T. Krebbs | Carson City, Nev. | 11 | 6 | | A boon in emergency work |
| W. U. Kennedy | St. Louis, Mo. | | 34 | | Delirium marked in some. Much of good effect due to "suggestion." |
| R. L. Kurtz | Neoga, Ill. | 4 | 10 | | Very favorably impressed |
| A. R. Kiefer | St. Louis, Mo. | | 24 | | Supplemented by a little chloroform—never used to full anesthesia |
| T. L. Kennedy | Galveston, Tex. | | | | |

| NAME | ADDRESS | LABOR | SURGICAL | FAILURES | REMARKS |
|---|---|---|---|---|---|
| O. J. Knolle | Industry, Tex. | | | | |
| G. A. Kenney | Salmon, Idaho | 1 | 5 | 1 | A most wonderful success except in one case |
| E. H. King | Muscatine, Ia. | | 4 | | Excellent for abdominal work |
| J. W. Kamel | Ft. Wayne, Ind. | | | | |
| C. F. Kercheval | Greensburg, Ind. | 3 | | | AM. JOUR. CLIN. MED., May, '07 |
| O. C. Klass | Muskogee, I. T. | | | | Will report later |
| C. H. Kinnear | Tacoma, Wash. | 1 | 3 | | *Medical Sentinel*, April, 1907 |
| J. G. Kely | Hornellsville, N. Y. | | | | |
| F. B. Kirby | West Philadelphia, Pa. | | | | |
| J. S. Leadman | Higley, Ok. | | | | |
| Emory Lanphear | St. Louis, Mo. | 6 | 387 | 3 | One death (patient swallowed tongue—excision of lower jaw—and died from suffocation before tracheotomy could be performed) |
| C. H. Law | N. Powder, Or. | 2 | | | Gratifying to all concerned |
| G. B. Lake | Wolcottville, Ind. | | 2 | | Excellent in fractures |
| H. W. Levengood | Jerome, Ariz. | 2 | 3 | | One patient slept 11 hours |
| J. Lippers | E. St. Louis, Ill. 1558 St. Clair Ave. | | | | |
| L. W. Lord | West Ossipee, N. H. | | 2 | | Great satisfaction to patients |
| W. D. Lockwood | St. Joseph, Mo. | | | | |
| O. M. Landon | New Hampton, Ia. | 2 | | | Delirium in one case |
| L. S. Long | St. Joseph, Mo. | | | | |
| J. E. Lacy | Flat Creek, Tenn. | 10 | 1 | | |
| B. T. Laster | Jacks Creek, Tenn. | 1 | 1 | | |
| J. C. Lee | Melrose, Calif. | | | | |
| P. F. Lisk | Grahamville, Fla. | | | | |
| T. A. Langford | Hilham, Tenn. | | | | |
| M. T. McCarty | Frankfort, Ind. | 10 | 4 | | Used more than 100 times as anodyne with no nausea—many where morphine always nauseated |
| W. A. McCandless | St. Louis, Mo. | | | | |
| W. W. McRae | Corinth, Miss. | | | | |
| J. W. McMurray | Marion, O. | | | | Pleased beyond expectation. Number of cases not given |
| J. C. Murphy | St. Louis, Mo. | | 2 | | |
| G. R. Maner | Warrenton, Ga. | 2 | 6 | | Probably more can be accomplished with it than we have yet learned |
| W. P. Murray | Caliente, Nev. | | | | |
| G. I. Morgan | Alliance, O. | | | | |
| R. Menger | San Antonio, Tex. | | | | |
| L. A. Murdock | St. Joseph, La. | | | | |
| T. L. Myers | Meridian, Miss. | | | | Number of cases not given |
| J. Mills | Elrod, Ala. | | | | |
| F. C. Monks | Kittaning, Pa. | | | | All right in several cases |
| G. H. Matchette | McPherson, Kans. | | | | |
| M. M. Moran | Pinner's Point, Va. | | 4 | | |
| E. L. Menefee | Granbury, Tex. | | | | Like it very much. Number of cases not given |
| E. A. Mallette | Philadelphia, Pa. 2527 N. 28th | 1 | 3 | | |
| T. R. Mason | Sugar Grove, O. | | | | |
| G. R. Neff | Farmington, Ia. | | 1 | | A perfect success |
| M. S. Newell | Albany, N. Y. | | 3 | | Results perfectly satisfactory |
| H. G. Nicks | St. Louis, Mo. | | 3 | | Satisfactory |
| C. M. Oman | Norfolk, Va. | | | | |
| A. H. Ohmann-Dumesnil | St. Louis, Mo. | | 1 | | Excellent |
| Chas. Ott | Kansas City, Kans. | | 8 | | Very fine |
| O. O. O'Bar | St. Louis, Mo. | 4 | 48 | | Muscular relaxation not always satisfactory |
| J. D. Osborne | Cleburne, Tex. | | 1 | | Patient 75 years of age |
| R. D. Pratt | Shelbyville, Ky. | | | | |
| G. L. Pritchett | Fairbury, Neb. | | 12 | | Well pleased |
| W. M. Plimpton | Glenwood, Ia. | 12 | 9 | | No failures |
| C. S. Pixley | Winnsboro, N. C. | | 3 | | *The* anesthetic of the future |

| NAME | ADDRESS | LABOR | SURGICAL | FAILURES | REMARKS |
|---|---|---|---|---|---|
| J. M. Patterson | Oran, Tex. | | | | |
| J. J. Pickett | Scotia, Neb. | 2 | | | Cyanosis of child one case |
| M. B. Parsons | Flat River, Mo. | | 1 | 1 | Operation on eye |
| F. G. Priestly | Frederick, Okl. | 2 | 2 | | Anesthesia was perfect |
| W. S. Partridge | Timnath, Colo. | 2 | | | |
| C. Powley | Miller, Mo. | | | | No failures—no bad symptoms |
| A. J. Robbins | Jamestown, N. Y. | | | | |
| J. W. Robinson | McCannon, Ia. | 1 | 1 | | Good |
| H. T. Rivers | Paducah, Ky. | | | | |
| R. T. Rudd | Fulton, Ky. | | | | |
| C. W. Rodecker | Wonewoc, Wis. | | | | With marked success—number of cases not given |
| S. S. Resner | Swayzee, Ind. | 2 | 10 | | Capillary hemorrhage in one case |
| G. J. Rubelman | Tecumseh, Neb. | | | | |
| W. L. Ranson | Madrid, Ia. | | | | Satisfactory in every way—number of cases not given |
| P. W. Ransom | Rockford, Ill. | | | | |
| J. E. Rarick | Wolcottville, Ind. | | | | |
| L. B. Robinson | Shawsville, Va. | 3 | 4 | | |
| W. E. Ritter | Avoca, W. Va. | 2 | 1 | | Much pleased with its effects |
| E. Roy | Lamartine, Wis. | 3 | 4 | | Not yet quite satisfied as to best method of use |
| J. P. Sinclair | Gananoque, Ont. | 1 | 2 | | Well pleased |
| J. W. Starr | Pocahontas, Ia. | 2 | 3 | | Half-doses in obstetrics |
| H. L. Stiers | Lesbara, Neb. | | | | |
| C. W. Stiles | Somerville, Mass. | 5 | 7 | | Works beautifully |
| N. G. Seelig | St. Louis, Mo. | | | | |
| W. S. Shirk | Sedalia, Mo. | | | | |
| G. W. Shidler | York, Neb. | 6 | 4 | | Only objection is dryness of throat |
| E. W. Smith | Meridian, Conn. | 1 | 3 | | AMER. JOUR. CLIN. MED. |
| J. S. Sprague | North Liberty, Ind. | | | | |
| W. H. Smith | Haddonfield, N. J. | | | | |
| Jay Smith | Glen Rock, Wyo. | | | | |
| H. I. Schuh | Mariette, O. | | | | Veterinary work |
| J. A. Stucky | Lexington, Ky. | | | | |
| R. J. Smith | Smithfield, Utah | 2 | 2 | | Entirely satisfactory |
| W. R. Simpson | Chillicothe, Mo. | 2 | 2 | | Supplemented by much ether |
| I. E. Stennis | McComb City, Miss. | | | | |
| E. P. Staff | Ramsey, Ill. | | | | |
| J. M. Stooksberry | Cement, Okl. | | | | |
| E. Sturman | Hartford, Ia. | 10 | | | A "God-send" to the parturient woman |
| J. L. Stevens | Salem, Va. | 2 | | | With much satisfaction |
| S. F. Sargentich | Tacoma, Wash. | | 2 | | *Medical Sentinel*, April, 1907 |
| B. L. Sullivan | Baldwinsville, N. Y. | | | | |
| L. C. Toney | Humboldt, Ariz. | 3 | 12 | 1 | Very fine |
| T. F. Tomlinson | Morley, Mo. | 12 | | | Checks after-pains perfectly |
| D. C. Todd | St. Louis, Mo. | | 1 | | Less nausea than other anesthetic given to same patient |
| C. T. Tasche | Sheboygan, Wis | | | | |
| A. W. Toland | Chapel Hill, Tex | | | | |
| J. T. Tinder | Parsons, Kans | 1 | 3 | | Exceedingly effective |
| F. L. Taylor | Hastings, Neb | 6 | 3 | | Much trouble with child's respiration directly after birth |
| F. H. Thomas | Valdosta, Ga | | 2 | | Bad pulse in one |
| N. F. Tilton | Marion, O. | | 2 | | Used in several minor injuries to relieve pain |
| A. S. Thompson | McDonald's Corners, Ont. | 3 | 1 | | |
| J. H. Thomas | Fields, La. | | | | |
| S. T. Vandover | St. Louis, Mo. | | 4 | | Two cases of delirium |
| E. G. Valk | Holland Island, Md. | | | | Much pleased with effects. Number of cases not given |
| Ed. Von Geltch | Kennan, Wis. | | | | |
| L. F. Van Amburg | Melrose, O. | | | | Superior to morphine as pain-reliever. Number of cases not given |
| James Vance | El Paso, Tex. | | 4 | | Worked admirably |
| C. F. Whiteshield | Harbor Springs, Mich. | | | | |
| J. B. Wright | Detroit, Mich | 10 | 6 | | Would not be without it |

| Name | Address | Labor | Surgical | Failures | Remarks |
|---|---|---|---|---|---|
| E. E. Woodruff | Cooper, Tex. | 2 | 1 | | |
| G. R. Wiseman | North Amherst, O. | 6 | 15 | | Results good |
| H. O. Walker | Detroit, Mich. | | 92 | | Superb |
| J. B. Walker | Effingham, Ill. | | | | |
| A. L. Wood | Wyocena, Wis. | | | | |
| H. C. Wolfe | Grand Rapids, Mich. | 4 | 2 | | Much pleased with result |
| R. B. Wright | Carrizo Springs, Tex. | | 2 | | As great discovery as that of ether |
| M. H. Westbrook | Olmstead Falls, O. | | | | |
| J. G. Webster | Detroit, Ill. | | | | |
| C. N. Wright | Henry, Tenn. | | | | |
| T. C. Witherspoon | Butte, Mont. | | 60 | | Always with some chloroform |
| S. D. Wetherby | Middletown, Ky. | 2 | | | One case of puerperal convulsions controlled |
| J. B. Wright | Trenton, Mo. | | 21 | | |
| H. L. Watrous | Eastman, Wis. | | | | Results eminently satisfactory. Number of cases not given |
| W. C. Wood | Salt Lake City | 2 | 3 | | Half doses in obstetrics |
| F. E. Walker | Hot Springs, S. D. | | 93 | | 78 major and 15 minor cases. Respiratory trouble twice, but recovered |
| J. D. Windell | Minot, N. D. | 1 | | | Cyanosis of child for some time |
| A. G. Wilcox | Solon Springs, Wis. | 1 | 5 | | Perfectly satisfactory |
| R. Wilman | St. Joseph, Mo. | 4 | | | Fulfills claims made for it |
| M. L. Watson | Summer Shade, Ky. | | 1 | | Acted like a charm |
| Luther Wall | Wapello, Ia. | | 5 | | Acted as well as chloroform in fractured femur |
| W. Woodbridge | Central City, Ia. | 5 | 4 | | Very satisfactory |
| T. J. Whitten | Peoria, Ill. | | | | Many cases—number not given |
| C. F. Wahrer | Ft. Madison, Ia. | | | | Especially valuable in obstetrical work—number of cases not given |
| J. C. Wisor | Clifton Forge, Va | | | | A very fascinating combination —number of cases not given |
| J. T. Wharton | Duncan, I. T. | | | | |
| J. W. Young | Grenada, Miss. | 1 | | | |
| I. C. Young | St. Louis, Mo. | | | | |
| L. H. Zeuch | Wheatfield, Ind. | | | | |
| H. A. Zeller | Union City, Ind. | | | | |
| | Totals | 530 | 1355 | 8 | |

Of these, 146 fail to give the number of cases in which it was used. The other 145 have employed it in 530 labors and in 1,355 surgical operations—without any serious mishap and but 8 failures! [Some of the failures were unquestionably due to faulty technic. The trouble in securing good respiration in the newly-born was produced by too large dosage—semi-hypnosis is best for confinements: memory of "pains" is totally obliterated in most cases from half the dosage necessary for surgical work.]

THE source of Power is in human emotion—in human desire. Men get what they work for, and in just the measure they work for it. The measure of success is the measure of desire.

—Elbert Hubbard.

# THREE GYNECOLOGICAL CASES

**An experience with several interesting cases, illustrating the menstrual derangements due to an insufficient blood supply and to imperforate hymen**

By A. R. HUGHES, M. D., Mannsford, Oklahoma

MY experience in the diseases of women, while not very extensive has been varied, as is usually the case with most country physicians. In my observation the diseases most often encountered are those pertaining to the menstrual derangements. This has been my experience during a practice covering a period of eight years.

Menstrual derangements may result from a variety of causes, of which I wish to give cases illustrating two: insufficient blood-supply, and an imperforate hymen. The first mentioned is most frequently met with. In fact it is a very common thing for a physician in active practice to be called upon to treat cases of this nature. To the eye of the experienced practician, the symptoms of this trouble are readily discernable, the most prominent being the anemic appearance, sleeplessness, the disinclination to perform the ordinary household duties, pains each month, precarious appetite, with often a condition bordering on nervous prostration. Several of these cases have come under my observation of late years, some of which I will mention.

### *Anemia at Puberty*

Case 1. Bertha D. Menstruated at the age of 13, regular for three months at which time the menses ceased. My attention was called to her case at the time she was 15. I found her to be a girl of medium height, very slender, very nervous, so much so that any unusual noise would excite her to a degree bordering on convulsions; complexion sallow, skin dry and harsh, with scarcely a trace of blood-color discernable. Examination revealed the generative organs of normal size and formation. I placed her upon the following treatment: Strychnine sulphate, gr. 1-2; hydrochloric acid (dilute), dr. 1; tincture cardamom compound, oz. 1; water, ozs. 2. Mix. One teaspoonful was ordered after meals till all was taken, after which the following was given: Iodide of iron, scruple 1; quinine sulphate, grs. 10; extract of belladonna, grs. 2; made into 20 pills. A pill was ordered to be taken before each meal. This was continued for three weeks when the following was given: Tincture of iodine, drs. 2; potassium iodide, dr. 1-2; simple syrup, oz. 1; water, ozs. 2. Teaspoonful in water after meals for one week. Then I alternated this one week and the pills mentioned above one week. We continued this treatment for six weeks, and followed by Abbott's triple arsenates, with saline laxative each morning.

At the end of three months the menses were regular and of normal amount, the skin was of a healthy color, she was sleeping well at night, able to resume her studies at school, appetite good, and gaining flesh rapidly. At this time (one year after her discharge from treatment) she is a rosy cheeked healthy girl, well developed with no trouble whatever with her menses.

### *Another Case of Anemia*

Case 2. Gertie T. Age 16. I was called to see her in Aug., 1904. It was reported to me to be a "case of convulsions." Upon my arrival at the house I found her suffering from cramps in abdomen and limbs, with marked hallucinations. I administered the bromides, with chloral to effect. The history showed, as given to me by the mother, an appearance of the menses about a year previous, but only once. She had pains every month similar

to those at the time of my visit. I prescribed a course of treatment for her temporarily, and instructed them to bring her to my office in a short time. This was not done, however, and I did not see her in a professional way again for twelve months. In the meantime she married and I was consulted by her husband as to her condition and requested to treat her.

I found her condition similar in every respect to case No. 1 except that she had a better physicial development. She was very nervous and excitable, had had no appearance of menses since my visit twelve months previous. Examination revealed the uterus and ovaries normal as to size and formation.

I prescribed for her tincture of nux vomica, drs. 3; liquor of the hydrochloride of arsenic, dr. 1; syrup of lemon, dr. 1-2; simple syrup, oz. 1, water, ozs. 2. Mix. Teaspoonful at a dose, with alcohol-bath twice a week and nourishing food, abstaining from all fats; with saline laxative three times per week. We continued the treatment six months at which time the general appearances were better, with the menses appearing every second month. The treatment continued with the addition of potassium permanganate and syrup of hypophosphites and at the end of three months more her regular menses were established, the nervousness was all gone, her appetite good, and recovery complete. At this time she is enjoying the best of health and has all the appearances of a strong well-nourished woman.

### *A Case of Imperforate Hymen*

Case 3 comes under the last-named class, which is not so frequently met with in the practice of the average physician.

Georgia M., at the time I was called to treat her, was 16 years of age, of little more than medium height, weight slightly below the average, color bad, with a history of pains each month for six months previously and her abdomen large and pendulous. External palpation outlined an enlarged uterus. A digital examination showed a vagina of seemingly about half the length of the ordinary, closed by a mass of soft texture, the nature of which could not be determined. But it was not diagnosed as a lowered cervix. The use of the speculum and glass revealed an absolute closing of the vaginal canal by an imperforate hymen. My diagnosis was a retained menstrual flow by reason of the absence of the natural opening through the hymen.

I explained the trouble to the parents of the girl, and also the necessity of taking proper steps to withdraw the accumulation. Consent being given I placed her upon the table and made an incision through the hymen, cutting through its entire width. A black, clotted mass passed away which I presume would aggregate one quart, giving off an extremely offensive odor. After the entire mass had been removed I used a warm bichloride solution of 1 to 1000, followed by a tampon of 3 per cent iodoform gauze, letting it remain in place six hours, removing it and again using the douche and a fresh tampon which was kept in place twenty-four hours, the patient being kept in bed and fed a liquid or semi-liquid diet. At the end of thirty hours from the time of the operation a third douche was used without again placing a tampon. I then ordered the application twice daily, by means of an applicator, the following ointment: Cocaine, grs. 3; boric acid, grs. 5; vaseline, oz. 1. I also prescribed the hypophosphites before meals with viburnum compound, every four hours. This was continued for one week when the local application was discontinued, but the hypophosphites and viburnum were continued for eight weeks. At the expiration of this time the uterus was reduced to its normal size and the menses made their appearance each month regularly. The patient made an uneventful recovery and today is strong and healthy.

# A FORMULA FOR MAKING SPLINTS

**A useful formula, of value to every general practician, particularly in the fixation of fractures. How to make it up and how to use it**

By CHARLES H. GALLAGHER, M. D., Slaterville, New York

THIS formula, for the manufacture of a firm, durable splint—very valuable in the fixation of certain fractures after the swelling has subsided—has been sold to many physicians for ten dollars, or more.

Powdered starch.....oz. 1
Isinglass or gelatin.....oz. 1
Solution of potassium silicate..qt. 1
Pulverized boric acid.....oz 1-2

Mix the starch with the solution of silicate of potash by shaking from a pepper-box and stirring constantly till mixed.

Reduce the gelatin to the consistency of mucilage with boiling water and mix well with the first two. (Better soften with cold water first.)

Then put into a jug of double the capacity and ferment at room or sun temperature for three or four days.

Then add the boric acid, mix well, and it is ready for use.

If too thick after standing, thin it with boiling water. Keep corked. Apply a silk stocking or roller bandage; then a coat of the preparation with a brush, and repeat till three or four layers are applied or until the splint is thick enough. It may be cut after hardening and eyelets and laces put in.

# A CLINICAL REPORT ON H-M-C ANESTHETIC

**A report of experience with the new combination in several surgical and obstetrical cases. No failures and only one case in which there were "bad effects"**

By A. S. THOMPSON, M.D., C.M., L.R.C.P.&S.(Ed.), McDonald's Corners, Ontario

THE following case-reports are made at the request of the department editor, who desired full details as to any possible failures or bad effects from this combination. There were no "failures" and the only bad effects were in Case 1, as follows:

1. Surgical Case. Large carbuncle of nape of neck in widow aged 72 years. In order to prepare patient for lancing, one tablet was injected under skin of abdomen. In thirty-five minutes sound sleep and anesthesia supervened. Carbuncle was lanced, cleansed and dressed without patient being conscious of pain—pulse and respiration continued normal throughout—sleep lasting three hours and a half. Friends were warned that sleep would continue for some time but grew anxious and desired to have her roused up, hence shortness of sleep—patient awoke with some mental confusion, and tongue felt thick and speech was indistinct. Eight days afterward a second tablet was injected in same manner to prepare patient for a second lancing and cleansing of the abscess cavity. Sleep supervened in forty-five minutes and continued for most of the night (seven or eight hours) and patient awoke next morning perfectly free from any abnormal feelings—presumably because she had been allowed to sleep right on and was not disturbed as on the first instance. Result: rapid and complete recovery.

2. Obstetrical Cases. Both primaparæ with slow, tedious labor. In both instances the injection of one full-strength H-M-C tablet gave ten hours of rest and freedom from conscious pain without in any way retarding labor or having any untoward effect upon the infants.

In a third obstetrical case, in which the tablet was given almost at the close of the second stage of labor in a multipara (not ten minutes before the birth of the child), the patient slept soundly all night and was in excellent condition the following morning.

## ::: SURGICAL THERAPEUTICS :::

### BONE METASTASES FROM HYPERNEPHROMA

Metastatic deposits in bone associated with tumors of the breast, thyroid, prostate, stomach, etc., have been noted for many years, and the fact recognized that the secondary manifestation is dependent upon something more than a mere mechanical factor. These peculiar tumors—the hypernephromata—which often are latent for long periods, are perhaps most of all apt to be associated with bone lesions; indeed, the original growth may remain so small as to be non-detectable by even the most careful examination, while the secondary tumor is so large as to take the patient to the surgeon. This must always be borne in mind in treating bone tumors; and in every case occurring in a patient past middle life the region of the kidneys should be carefully examined for a primary focus when the tumor for which relief is sought affects the bone.

### DIFFUSE SUPPURATIVE PERITONITIS FROM APPENDICITIS

When the abscess adjacent to the gangrenous or perforated appendix has ruptured and the pus has become disseminated throughout the lower part of the abdomen and pelvis, the incision should not be made over the site of the original abscess (appendical region) but in the midline; and it should be very free: three to six inches in length—indeed, sometimes from the pubes to two or three inches above the umbilicus. But the peritoneum must be subjected to as little handling as possible, rubbing with gauze being especially injurious. The best management seems to be (a) to wash out the abdomen and pelvis with gallons of hot saline solution, (b) remove the appendix and such part of the omentum as seems too badly infected to live, (c) again wash out the belly and sponge out the surplus fluid, (d) close the abdomen without drainage. (Drained patients almost always die.) If this method of treatment be adopted within seventy-two hours after the rupture occurs, a large percent of cases may be saved; later than that time the prognosis is invariably bad. Operation in these cases should therefore be performed as soon as the diagnosis is made.

### THE X-RAY IN LEUKEMIA

Prompt subsidence of the enlargement of the glands found in leukemia may be expected from the careful use of x-radiance. Nor is the diminution limited to those subjected to the direct effect of the ray: those at a distance from the exposed part will also yield. In application of the ray the spleen and the glands of the neck are the parts placed close to the tube; it is not necessary to ray the bones in the splenomedullary variety of the disease. It is possible that Roentgenization of the liver also might prove beneficial. It is best to eliminate the non-penetrating rays, since these have no effect on deep structures, while they irritate or burn the skin: accomplished by filtering the rays through diachy-

lon (usually four layers), which readily adheres to the skin and screens the ray in such a way that the irritating action is arrested, while the curative rays are uninterrupted. The neck should be rayed even if the cervical glands are not enlarged.

## ANEURISM OF AORTA

Silver wire may be introduced into the aneurismal sac through a fine canula, insertion being made at the point where pulsation is most prominent. The skin is carefully sterilized, the boiled canula and trocar thrust in, the trocar withdrawn and the opening instantly closed by means of sterile gauze; then from fifteen to thirty feet of No. 28 silver wire may be slowly passed in. When a sufficient quantity has been made to coil up in the sac, the canula is to be withdrawn and the proximal end of the wire fastened to the chest-wall by adhesive plaster. No anesthetic is necessary. At the same time one may inject into the buttock about 300 Cc. of 2-per-cent gelatin solution, which is presumed to facilitate coagulation of blood. If the wire causes pain after a time—two or three weeks—a part of it may be very cautiously withdrawn, though this is dangerous on account of the possibility of loosening some part of the clot. If the open pleura has been punctured in the introduction of the trocar, hematothorax may develop and cause distressing symptoms and sometimes death; so extreme care should be taken not to puncture it. In abdominal aneurism it is best to make an abdominal section at the time of inserting the wire. Some cures have been recorded, but also many failures.

## FOR CONTUSED WOUNDS

The old treatment of rubbing severe contusions with tincture of arnica, etc., has been superseded by, first, a hot bath with free use of soap—the affected part being gently but persistently rubbed with soft soap—then with tincture of green soap (an alcoholic solution of common soap will do), and then careful drying; and, second, the application of dry antiseptic gauze held in place by a bandage not too tightly applied. Next day the soap-bathing may be repeated, and if there be suspicion of infection an ointment may be used, such as

Nitrate of silver ..... 0.3 (grs. 4 )
Balsam of Peru ..... 6.0 (drs. 1½)
Vaseline .....90.0 (ozs. 3 )

This is rubbed thoroughly into the skin and the antiseptic protective applied as before. After three or four days the infective process will be either under control or so far advanced as to require one or more incisions.

## HYOSCYAMINE FOR PROSTATORRHEA

Prostatorrhea with irritable deep urethra may be greatly benefited by the internal use of hyoscyamine. One-fourth of a milligram (0.00025, or one-two hundred and fiftieth of a grain) in granule form may be ordered four times a day, either alone or with one centigram (1-6 grain) of concentrated hydrastin. If there be scanty urination, much water must be drunk and barosmin (the resinous product of buchu) may be taken in doses of one milligram (1-67 gr.)

## UREMIA

Symptoms of uremia appearing after operations (particularly those on the kidney) demand immediate and vigorous treatment. Probably the best thing to do is to begin immediately with one milligram (1-67 grain) of elaterin, every hour by mouth and continued until very free watery bowel-movements are obtained; and with it one-half centigram (1-12 grain) of calomel, as this drug in such doses stimulates kidney-action. At the same time nitrate of pilocarpine should be injected hypodermically (dose one centigram, or 1-6 grain) every hour until profuse sweating results. If coma or convulsions occur, hypodermoclysis must be resorted to—one liter (a quart) of normal salt solution to be thrown into the cellular tissue of the breasts or buttocks and repeated

in two hours if necessary. One grain of sulphate of sparteine every three hours is highly recommended.

## ANTISEPTIC AND GERMICIDAL

It is strange that medical men, apparently well educated, will use the word "antiseptic" as the equivalent of "germicidal." The word germicide means anything which will *kill* a germ—a term formerly regarded as meaning "bugs" or microscopic animals of some kind instead of the minute fungi, invisible plants, which play such an important part in disease; whereas antiseptic simply implies some agent which will ***inhibit*** the growth of microorganisms, which will *antagonize* or destroy their poisonous products or which will *prevent* the *absorption* of their toxins. We use antiseptic preparations in preparing for and performing an operation; we wash our hands in germicidal solutions. "Asepsis" and "antisepsis" also should never be used interchangeably, as is so often done.

## JOINT LESIONS IN HEMOPHILIA

The liability of the joints to become affected in hemophilia must never be forgotten when a patient complains of some chronic irritation of a joint. The symptoms vary according to the stage of the disease; and may be grouped in three classes. (1) In some, intraärticular hemorrhage is the only lesion; the joint suddenly becomes swollen and painful, usually without history of even a trifling injury, when if the existence of hemophilia is known, there should be little difficulty in recognizing the character of the trouble—but in case of doubt aspiration will show the presence of blood and make the diagnosis unmistakable. No attempt should be made to evacuate the joint, as it will instantly refill. Immobilization and internal medication are the only measures indicated. (2) The pain, fever, slight swelling and tenderness subside in a week or ten days—when if treatment is unsuccessful, there is recurrence of the hemorrhage with even more distention; and after several repetitions there are marked articular and periarticular changes—thickenings—so that motion becomes limited, this constituting the second stage of the arthropathy. (3) In the third stage there is complete ankylosis—for which absolutely nothing can be done.

## NOSEBLEED

When the usual methods for the control of epistaxis fail, a little adrenalin solution may be injected by hypodermic syringe beneath the mucous membrane behind the bleeding point. If the injection be made at the proper point, the ingoing arterial current carries the solution directly to the point of leakage, with instant constriction and blanching of the mucous membrane and complete arrest of the hemorrhage.

## COCAINE ON MUCOUS MEMBRANES

Cocaine applied to the surface of the mucous membrane of the mouth, throat, urethra and nose gives a perfect surgical analgesia; but on the prepuce and glans and in the rectum and vagina it will not do so, hence in operating upon any of these parts the cocaine must be injected into the submucous cellular tissue. Operation is usually begun too soon after injection—at least two full minutes should pass before the mucous membrane is cut. The analgesia persists from twenty minutes to a half hour.

## COCAINIZATION BY CATAPHORESIS

Some patients object strenuously to the use of the hypodermic syringe. When it is desired to operate under cocaine anesthesia upon such a "crank," the cocaine may be introduced by cataphoresis. A piece of gauze is folded to four thicknesses and cut the size of the par tto be analgesized; the skin, sterilized, is covered with this gauze saturated in cocaine solution of the strength of 10 per cent, i. e., about 45 grains to the ounce of water; this is covered with lead-foil cut the same size; then the positive pole of a galvanic battery is applied to this—

the patient holding the wet sponge electrode of the negative pole in his hand. A battery of twenty or thirty cells is necessary, and the current used as strong as the patient can stand it. From fifteen to thirty minutes is required for deep cocainization; the gauze being resaturated about every five minutes, it being poured under the foil by raising the edges first on one side and then the other, thus not breaking the current. If desired, one dram of 1 to 1,000 solution of adrenalin solution may be added to the ounce of cocaine solution, to prevent bleeding from the part to be incised; the only objection being that oozing is apt to occur an hour or so after the suturing is completed and the wound dressed.

## TO ABORT BOILS

It is possible to prevent suppuration in a small proportion of forming boils. As soon as the local inflammation is noted, the following is to be applied:

Fluid extract of ergot .... 2.0 (dr. ½)
Oxide of zinc ..... 8.0 (drs. 2)
Phenol ..... 0.5 (grs. 8)
Lanolin .....65.0 (ozs. 2)

This is to be spread on gauze or absorbent cotton to the size of a silver dollar, applied over the boil, and held by adhesive plaster. It should be replaced by belladonna ointment in twelve hours, but may be repeated next day if the boil is still red and painful. [Calcium sulphide internally.—ED.]

## PHENOL FOR BURNS

If phenol (carbolic acid) is to be used for burns—and it is one of the most satisfactory of all applications—it must be in full strength. It causes pain for an instant, followed immediately by a soothing sensation of coolness, because if put on in 95 per cent solution (liquefied phenol), it coagulates the albumin on the surface of the burn, excluding the air temporarily and at the same time acting as an analgesic to the injured nerve filaments. Before applying it, all blisters should be pricked and tags of burned tissue cut away. Gauze saturated in carbolized oil (sterilized) should be put on the burn, many thicknesses, with cotton and loose bandage over all. Morphine and strychnine ought to be given at once, hypodermically, in all burns of sufficient severity to produce much suffering.

## TREATMENT OF ULCERS

In the treatment of ulcers not all of one's attention should be directed to the local measures—internal medication is often of great importance. Chronic ulcers are frequently associated with a "run down" condition, an anemia which requires both iron and strychnine. To each teaspoonful dose of the National Formulary elixir of quinine, iron and strychnine may be added three or four drops of the official liquor acidi arsenosi; to be taken three times daily. In some cases attended with free discharge echinacea seems to do much good—a tablet of a half grain of solid extract four times a day being a pleasant mode of administration of such an unpleasant drug. Stillingin, one centigram (1-6 grain) may be given simultaneously.

## IODOFORM INJECTIONS INTO JOINTS

There can be no doubt but that most brilliant results are obtainable in some cases of tuberculous arthritis and synovitis by injection of 10-per-cent iodoform emulsion. But, on the other hand, most deplorable results have followed its use by incompetent or careless surgeons as well as physicians. It must be borne in mind that iodoform powder itself is not sterile nor is it germicidal; most pyogenic microörganisms thrive in an emulsion of iodoform, and the glycerin, too, is apt to be infected. So the iodoform must be sterilized by soaking in 1 to 1000 bichloride solution for 24 hours, then placed upon a sterile plate and the water evaporated. The glycerin is boiled and poured into a mortar which, with its pestle, has just been taken from the boiler or sterilizer. Then the iodoform is added and the whole thoroughly triturated and poured into a wide-

mouthed, sterilized bottle. From this the iodoform emulsion is drawn out by the freshly boiled syringe (the glass stopper being instantly returned to the iodoform-container) and injection made by a sterile needle thrust through the properly cleaned skin.

### THREATENED RUPTURE OF ANEURISM

When an aneurism threatens to rupture through the skin (as is frequently the case with the femoral, carotids, and even the aorta), the following treatment should be instituted: The patient must be put in bed and perfect quietude enforced; if one of the extremities be affected, it should be immobilized by some kind of splint; if the neck be the site of trouble, the head must be fixed between sand-bags, with no pillow. Enough morphine to keep the patient tranquil is advisable. The diet must be restricted to a very little of the most nutritious of foods and the amount of drink limited to the least possible. Veratrine in doses of one milligram (gr. 1-67) is to be taken every two hours until the pulse is soft and weak, and then three or four times a day to maintain it so. Iodide of potassium is to be given in doses of a half gram (8 grains) three times a day and rapidly increased until four grams (60 grains) are taken—each time—and this whether or not the patient has had syphilis; if he has, the increase may be continued to a much greater dosage, a half ounce or more thrice daily being often tolerated by the luetic. Locally the best treatment is to paint with collodion night and morning. Under this plan many cases of aneurism have been greatly relieved and some cases apparently quite cured.

## GYNECOLOGICAL THERAPEUTICS

### PRURITUS VULVÆ

When itching of the vulva persists for a long time the following prescription should be tried:

Bichloride of mercury ... 0.04 (gr. ½)
Dilute hydrocyanic acid.. 4.0 (dr. 1)
Water of bitter almonds..192.0 (ozs. 6)

Apply to the vulva with a piece of gauze. It does not seem to be so efficacious in recent cases as in those of long duration.

### VERTIGO AT MENOPAUSE

Some women complain of vertigo, especially at the menstrual periods and about the time of the climacteric. Sometimes the trouble is due to malaria (or biliousness), in which case a good dose of saline laxative, followed by six 3-grain capsules of quinine—one every three hours—will promptly relieve the dizziness, for a time; but arsenic and quinine must be given thrice daily for three weeks to effect a cure. In others the vexatious symptom is merely from sluggish stomach (*vertigo a stomacho læso* of Trousseau) and full doses of saline laxative followed by a pinch of bicarbonate of sodium after each meal will effectually relieve. If the patient be plethoric, colchicine, one milligram (gr. 1-67), may be dispensed four times a day.

### UTERINE HEMORRHAGE FROM SYPHILIS

Before resorting to mutilating operations like oöphorectomy or hysterectomy for persistent genital hemorrhage, most careful search must be made for evidences of syphilis, for tertiary syphilis in women is sometimes manifested chiefly by this symptom. Rarely it may be necessary to put the patient on antiluetic treatment for some weeks to determine the presence or absence of the disease when no other lesions are present; generally, if the protoiodide of mercury be given in

doses of one centigram (1-6 grain) three times a day until after the second or third menstrual period has passed, the excessive bleeding will be checked without any other measures if the trouble be of syphilitic origin. To complicate matters, in the tertiary stage of this disease the ovaries are likely to be greatly enlarged; but the swelling subsides as health returns. In very rare instances menorrhagia occurs in the secondary stage of syphilis.

### ICHTHYOL TAMPONS

Most gynecologists have great faith in ichthyol in the treatment of pelvic inflammations. A tampon of either absorbent cotton or wool is saturated with 10 per cent ichthyol in 90 per cent glycerin and packed around an enlarged, tender, "granulated," lacerated os externum, and the patient experiences decided temporary relief from the marked depletion of blood-serum from the congested parts, much as the leeching of our ancestors seemed to give comfort to the patients of "ye olden tyme." The same feeling of satisfaction follows the placing of two or three of these tampons in the vagina behind the cervix when the pelvis is filled with inflammatory exudate from gonorrheal or staphylococcic infection.

### VINEGAR EELS IN WOMEN'S URINE

The gynecologist who makes microscopic examination of the urine of his patients need not be surprised to find specimens of the vinegar eel (Anguillula aceti) under his lens. The explanation is simple. Many women inject vinegar into the vagina after copulation as a prevention of conception—and it is effective too; some of the vinegar may be forced into the bladder and the eels implanted therein. As a result of this unusual location of these hematoids, cystitis may arise as well as hematuria. Simple irrigation of the bladder with a strongly alkaline solution once daily and the administration internally of salicylate of sodium will very quickly cure the cystitis and rid the victim of her unwelcome visitors. Pure acetic acid appropriately diluted would avoid the difficulty. But advise against this practice. It may be very harmful.

### AMENORRHEA IN SCHOOL-GIRLS

Young women who leave the country to attend school in the city often have suppression of the menses. While the physical discomfort is not great, these young women often experience great mental suffering. To such patients permanganate of potassium may be given:

| | |
|---|---|
| Potassium permanganate | 0.05 (gr. 1) |
| Sulphate of iron | 0.1 (grs. 1½) |
| Sulphate of quinine | 0.1 (grs. 1½) |
| Aloin | 0.005 (gr. 1-10) |

One such dose in capsule to be given three times a day, beginning about three days before the time for the desired flow. It may have to be repeated each month, three or four times, but commonly the flow will appear after a few doses.

### BELLADONNA FOR LEUCORRHEA

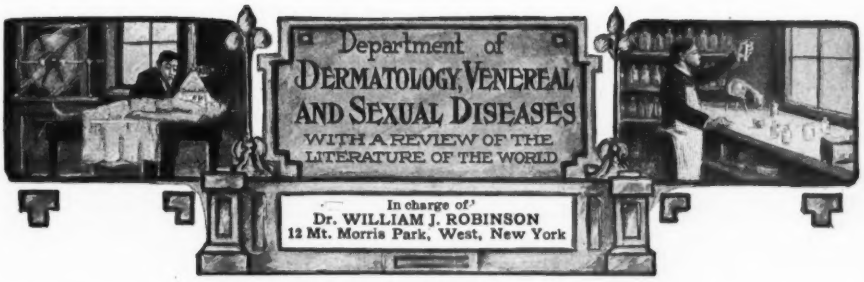
When examination shows that a leucorrheal discharge comes from an engorged and tender cervix, a most useful measure is the insertion daily of a tampon saturated in the following:

| | |
|---|---|
| Extract of belladonna | 1.0 (grs. 15) |
| Tannic acid | 8.0 (drs. 2) |
| Glycerin | 60.0 (ozs. 2) |

At the same time "Trousseau's injection" may be ordered:

| | |
|---|---|
| Bicarbonate of sodium | 4.0 (dr. 1) |
| Tincture of belladonna | 64.0 (ozs. 2) |
| Water | 500.0 (ozs. 16) |

The patient is instructed to lie upon her back, after removal of the tampon, with the buttocks on a bed-pan or absorbent pad over a pillow, and inject about one ounce up to the os uteri with a glass syringe; the patient to remain quiet for a half hour, if possible, so as to get the full benefit of a local application.




# NEWEST REMEDIES IN ERYSIPELAS

**Especial attention is given in this article to the local treatment of this disease, with some old and some new remedies**

IT is somewhat discouraging to note that the treatment of erysipelas is still largely empirical, although we know that the disease is caused by the streptococcus. The experiments with antistreptococcic serum in erysipelas have not been encouraging. As a result of this and many other failures in the treatment of erysipelas, many physicians have abandoned all hope of a specific, and limit themselves to applications of mild antiseptic lotions, such as Burrow's solution.

This, however, is an error in the opposite direction. Dr. A. Hecht emphasizes the importance of proper applications of the remedy, a point which usually is sinned against by the patient's caretakers. We must remember that the skin surrounding the erysipelas area may be affected before the eye can detect the signs of inflammation. Hence the importance of applying the remedy, whatever it may be, not only to the diseased area, but also to the adjacent, apparently healthy, skin. Another point of importance is the proper time for beginning the treatment. We know that in diphtheria antitoxin gives the best results when employed promptly, and the same holds good of remedies employed in erysipelas.

Dr. Hecht recommends the following to the practitioner as reliable: (1) Absolute alcohol. This is the most reliable of the older remedies, especially if it can be applied with an occlusive bandage, as for instance on the extremities. Such a bandage is impracticable when erysipelas attacks the face, but even here alcohol has given good results. In erysipelas of the scalp alcohol deserves the preference over all other remedies. (2) Next to alcohol the author ranks salocreol and mesotan; (3) Phenol-camphor has recently been warmly recommended. This is composed of liquefied phenol, 30; powdered camphor, 60; alcohol, 10. This mixture is a clear fluid, and it is applied several times daily to the inflamed skin in fresh erysipelas. If the disease has lasted some time, this remedy should be applied on cotton. (4). A combination of ichthyol and guaiacol must next be mentioned among the newest recommendations. The formula is:

Ichthyol, guaiacol, oil of turpentine, alcohol, equal parts of each.

This mixture is not only antiphlogistic and antipruritic, but also highly analgesic. The author reminds us that the same mixture is very valuable in acute articular rheumatism as well as in gouty swellings and also in various inflammations, such as furuncles, phlegmons, etc.

On the other hand, the intravenous injections of collargol have not given such gratifying results as was expected from them, perhaps naturally.

In conclusion, quinine internally must be mentioned as having received warm praise at the hands of many authors. (*Therap. Monatsh.*, *Vol.* XXI, No. 1.

## "A LITTLE KNOWLEDGE"

A little knowledge is a dangerous thing —in venereal diseases as in other matters. An elderly physician applied to us for diagnosis and treatment. He had an extensive popular eruption over the trunk and legs, general adenopathy, mucous patches in the throat, a slight *corona veneris* and considerable alopecia. The diagnosis of syphilis was as plain as if it had been written all over in large English print. Only a blind man could have failed to make the diagnosis. The doctor "suspected" that "that was what it was," but he was not "sure." He had the initial lesion, or rather lesions, over three months ago, but up to that time he had not used any internal or external specific treatment of any kind.

And what was it that misled him? Merely the fact that instead of having one lesion he had three, and he had studied and it was firmly impressed upon his mind that if the lesion is single and hard it is a chancre; if the lesions are multiple and not hard, they are chancroids.

Well, there are no rules without exceptions, and nowhere is it more true than in medicine. The teaching of the singleness of true chancre should be modified. It is true that in 75 per cent of cases chancres are single, but in 25 per cent they are multiple; and what is just as important, if not more important, to remember is, that "hard" chancres are not always hard.

It is a dangerous thing in medicine, though very tempting, to make diagnosis from single symptoms. We must take into consideration the totality of objective and subjective symptoms, the *tout ensemble* of the disease, before we can or should venture on a definite diagnosis. Our above-mentioned patient would have been much better off had he not been a physician, or if he had had no preconceived notions. The textbooks or quiz-compend tables of differential diagnosis have misled more than one doctor. Had he been a layman and had he applied to one who makes lues his specialty he would not have lost so much valuable time without any treatment, allowing the disease to gain a strong foothold and to produce its ravages without any remedial opposition. A little knowledge is a dangerous thing.

## THE TREATMENT OF PARASITIC SYCOSIS

Dr. Max Berliner reports another instance of the excellent results which he obtained from iothion. The patient was afflicted with sycosis of the upper lip for a period of over three years. Every known remedy had been persistently tried and he had had the benefit of the most authoritative consultants, but all without avail. The author prescribed iothion in the form of a 10-percent ointment as follows:

Iothion ..... 3 parts
Vaseline .....30 parts

He did not expect any prompt results, owing to the chronic character of the disease, and his surprise was all the greater when the very next day brought some improvement with it. Suffice to say that in fourteen days a complete and striking cure had been effected. The ointment was applied daily by rubbing it thoroughly into the affected area. There was some reaction at first, but it was only transient.

## MERCURIAL BLUE LINE OF THE GUMS

Dr. Milian reports a case in which repeated injections of gray oil given to a syphilitic patient had resulted in the production of a typical blue line on the gums, closely resembling the blue line of lead poisoning. No stomatitis was present. This is not the first case of this kind that has come under the author's observation and he considers the existence of a mercurial blue line on the gums as beyond dispute. The reason it has not attracted the attention it deserves appears to lie in the fact

that it occurs without stomatitis and therefore is easily overlooked. Again, it seems to appear only after prolonged treatment, as in the case mentioned, where it followed a course of treatment lasting twenty-one months and comprising thirty-three injections of gray oil and one of calomel. Injections of gray oil are especially liable to produce this symptom. After the use of pills it has not been observed. (*Ann. de Dermatol. et de Syphiligraph.*, Vol. VII, p. 1052.)

## THE INTERNAL TREATMENT OF ACNE

There are several features in the etiology of acne which have given rise to abundant discussion and discord. While many consider acne a local disease of the skin, due to the invasion of its glandular orifices by various bacteria, there are others who find ample reason to look upon acne as the outer manifestation of some internal derangement. Why, for example, should the infection of the skin appear so regularly at the time of puberty? And why, again, are some people so persistently attacked by this infection, while others exposed to the same conditions go entirely untouched. Climate and race seem to be without any etiologic significance, and the negro is a victim to acne in the same degree as the white man. The intestinal origin of acne is rendered probable by many circumstances, especially by analogy with drug eruptions, urticaria following the ingestion of certain foods, etc.

Dr. Jos. Kapp has made a study of the urine in 33 cases of acne in juvenile patients and in all of them has found the urine to contain an excess of the aromatic sulpho acids, this being a reliable indication of excessive decomposition of proteids in the intestinal canal. Evidently, then, some conditions were present in the intestines which favored fermentation and decomposition of food. Possibly the well-known sluggishness of peristalsis of puberty has some bearing on this state of affairs. In accordance with his findings, the author applied his therapeutic efforts toward the stimulation of intestinal activity and the inhibition of excessive fermentative process. With this purpose in view he employed sublimed sulphur and menthol in combination, giving 1 gram (gr. 15) of the sulphur with 0.25 gram (gr. 4) menthol, two or three times daily. All of his cases were considerably improved and many completely cured by this medication in three to four months. In one case only colicky diarrhea appeared as an untoward by-effect of the treatment. The urine also bore witness to the value of the treatment, by the greatly reduced amount of aromatic acids which it contained. The local treatment was limited to opening the pustules and applying mild antiseptics to prevent further infection. (*Therap. Monatsh.*, Vol. XXI, No. 3.)

## THE VITAL ACTIVITY OF GONOCOCCI IN GONORRHEAL PUS

Dr. Winkler determined to find out whether the gonococci in the cells are alive or dead and whether they have any influence on the leucocytes. The employment of the neutral red-methylene-blue method showed him that the gonococci are alive. If the pus is treated with quinine, however. the gonococci are found to be dead. Injections of 1-percent quinine solutions and instillations of 5-percent solutions have given good results in gonorrhea. And the internal administration of quinine has been found useful in gonorrheal epididymitis, gonorrheal iritis, and especially in gonorrheal rheumatism, where it is almost specific (?). One gram may be given daily, and since it appears largely unchanged in the urine, a direct action on the urethral inflammation is also achieved.

The other question, as to whether gonococci influences the cells. is best studied by watching the behavior of the iodophile substances. By iodizing the specimen according to Zollikofer it is found that in acute gonorrhea almost all cells contain the iodophile substances, and only cells containing gonococci remain free from the iodophile substance. If we identify the

latter with glycogen, it can safely be assumed that the gonococci within the cells transform the glycogen of the cell into sugar, which does not stain with iodine. (*Arch. f. Dermatologie u. Syphilis*, Vol. 82, No. 2.)

## HOT BATHING IN THE TREATMENT OF GONORRHEA

In recent years it has been emphasized that most solutions employed in the treatment of gonorrhea should be injected warm in order to obtain the best results. However, it is hard for the patient to heat the solution every time, and so in order to obtain the same beneficial effects, Dr. Oscar Buber advises the bathing of the penis three or four times daily in hot water. The water is to be used as hot as can comfortably be borne, and the bath is to last from ten to fifteen minutes. The action of this treatment probably is due to the production of active hyperemia. (*Die Therapie d. Gegenwart*, Oct., 1906.)

## THE PROPHYLAXIS OF GONORRHEAL EPIDIDYMITIS

Epididymitis is the most frequent and most serious complication of gonorrhea. Living and virulent gonococci have been found in chronic cases of this complication and may give rise to fresh infection. Epididymitis appears after the process has extended to the posterior urethra and it thus becomes highly important to prevent the inflammation from spreading to the posterior portion of the urethra.

According to H. Neuberger, the results of Neisser's treatment with large injections or so-called prolonged injections are disappointing, and he advises during the first two to four weeks of the disease the employment of small injections of about 5 Cc., or even less, of protargol solution. He believes that the stretching of the urethra by large injections is apt to drive the gonococci into the deeper layers of the mucous membranes or into the glands. If a posterior urethritis is already present, the author avoids injections altogether or employs them in very minute quantities. By means of these precautions he has succeeded in reducing the percentage of complications with epididymitis from 6—9 per cent, down to 3 per cent. (*Arch. f. Dermatologie u. Syphilis*, Vol. 82, No. 2.)

## A CASE OF HEREDITARY SYPHILIS

Dr. Garel reports a case of hereditary syphilis in a girl of nine years. The disease was localized in the pharynx and larynx, which were infiltrated and ulcerated. The child was put upon specific treatment with inunctions of mercury for eight days. After that iodide of potassium was given, 2 grams daily at first, and later 3 grams, with continued improvement and finally a complete cure. In connection with this case the author emphasizes the great superiority of iodides over mercury in all tertiary lesions of the throat. This assertion is based upon several hundred of cases, treated comparatively by both methods. He prescribes mercury only in cases of stenosis, serious enough to threaten suffocation. After this danger is passed, he gives iodide of potassium in doses of 4 grams daily for adults until a complete cure is established. Mercury alone gives much inferior results, and mixed medication he considers useless. (*Ann. de Dermat. et de Syphiligr.*, Vol. VII, No. 12.)

## MERCURIAL STOMATITIS

Menetrier and Bouchard report a case of intense stomatitis due to an injection of mercury given five months before. The patient was a woman of 38 years who sought treatment for an intense mercurial stomatitis. A thorough examination disclosed an induration on the right thigh, due to an injection of mercury given five months previously. An examination of the urine still showed the presence of mercury. The induration was excised, which brought about a complete cure of the stomatitis in fifteen days. A histologic examination of the excised tissue showed the presence

of little crystalline masses characteristic of calomel injections and also little spheres of metallic mercury. From this depository of mercury, then, the system of the patient had been poisoned. (*Ann. de Dermat. et de Syphiligr.*, Vol. VII, No. 12.)

## THE DETECTION OF ACETONE IN THE URINE

Acetone is a very important pathologic ingredient in the urine and its detection is of high significance. Every practician should be familiar with a test for acetone. Lange's method, described in the *Muenchener Med. Wochenschrift* (1906, No. 36) is as follows: Fifteen cubic centimeters (1-2 oz.) of the urine is mixed with half to one cubic centimeter (8 to 16 drops) of glacial acetic acid and one drop of a freshly prepared sodium nitroprusside solution. One cubic centimeter (16 minims) of strong ammonia water is then run carefully on to the surface. If acetone be present a violet ring appears at the line of contact, the intensity of the color and the width of the ring depending upon the quantity of acetone present. It is claimed that the delicacy of this method is so great that it will detect 1-400 of one per cent of acetone (i. e., one part in 40,000).

## BALSAM OF PERU IN THE TREATMENT OF SCABIES

Dr. F. J. W. Porter considers balsam of Peru much superior to sulphur in the treatment of scabies. He bases his opinion on the results of the treatment of 51 cases in the Colchester garrison.

He outlines the treatment as follows: (*Brit. Med. Jour.*, No. 2,413). The patient should lie in a very hot bath for at least half an hour, and be thoroughly scrubbed with flannel and ordinary soap by a reliable orderly. Particular attention should be paid to parts which are obviously much affected by the disease. He is then quickly dried and varnished all over with a mixture of balsam of Peru, 3 ozs., and glycerin, 1 oz. This application—best applied by a soft, worn nailbrush—is well rubbed into the skin. The above quantity will be found sufficient to varnish an ordinary-sized man. He then puts on hospital clothing, the cotton shirt being worn next the skin. His ordinary clothing and his barrack bedding are sent to be disinfected. In very bad cases it is advisable to give a second rubbing to the worst places next morning.

No patient who has been properly varnished has ever reported that his night's sleep has been disturbed by itching; and if the remedy has been faithfully applied according to the above instruction, that is the end of the case.

The author says that in military practice the great features of this method as compared with preparations of sulphur are (1) the possibility of returning men to their duty after a few hours' detention in hospital; (2) the absolute certainty that the acarus has been killed; (3) the ability to dispense with a ward which has to be kept for the treatment of these cases.

## THE BEST PROPHYLACTICS AGAINST VENEREAL DISEASES

The best prophylactic against syphilis, according to the most recent researches, is a calomel ointment: calomel 1 part, lanolin 9 parts. The glans should be anointed before or immediately after coitus. The general use of this ointment by those who practise extramarital coitus would contribute more than any other measure to the blotting out of the venereal plague.

The best prophylactic against gonorrhea is the instillation into the fossa navicularis of a few drops of a two-percent protargol solution immediately after coitus. This solution is in general use by the German students and is said to have contributed materially toward the diminution of gonorrheal disease among the German *Burschentum*. The protargol solution is generally made up with glycerin and water as the vehicle, and is put up ready for use by a number of firms. The sale of these

"protectors" is very large. It is a sad commentary on our morals, but so long as men will subject themselves to risks, it is better to protect them against infection, if not for their own sake, then for the sake of their innocent wives—present or future.

## THE RESISTANCE OF THE BLADDER TO INFECTION

In a paper with the above title, Dr. A. R. Anderson (*Lancet*, No. 4359) refers briefly to five cases where there had been a foul pyosalpinx or a rectal or uterine cancer discharging septic material directly into the bladder, saying that it was remarkable how long this state of things might continue without causing actual cystitis. The conditions favoring the occurrence of cystitis were traumatism, congestion, and retention. The last was the most important, as by itself it produced every condition favorable to microbic invasion as well as congestion from the associated straining. The microbes concerned in cystitis were the bacillus coli, the urobacillus, and the pyogenic streptococcus and staphylococcus. Bacteriuria did not necessarily mean cystitis and occurred also in typhoid fever and septic osteomyelitis. The resistance of the mucous membrane was, however, such that the normal bladder was practically invulnerable.

## THE TREATMENT OF BURNS WITH PICRIC ACID

Picric acid has been recommended a number of times for the treatment of burns, but for some reason or other it has not become universally accepted. Dr. Charles P. Kindelberger has a paper on the subject in *The Military Surgeon* for May and he praises the drug so highly that it is certainly worth while giving it a trial. He had occasion to convince himself of the value of picric-acid solution in treating 52 patients that were injured by an explosion, on the Bennington. The usual treatment in each case was as follows: The clothes were removed, the dirt and grease washed off with tincture of green soap and ether and all sloughs and dead skin cut away. Sterile gauze soaked in a 1-percent solution of picric acid was applied to the burned surfaces and covered with paraffin paper, cotton and a gauze bandage. Where the burn was on the face, the face was entirely covered with a gauze mask soaked in picric acid solution.

When first applied, the picric-acid solution caused pain for ten or fifteen minutes, but after that it had an anesthetic effect, the pain usually diminishing in severity every time the burns were dressed. The property that picric acid has of coagulating albumin is very valuable because it quickly causes a cessation of the oozing and pus formation, prevents dangerous absorption and permits the dry treatment to be commenced in a very short time. At first all wounds were redressed daily, but after a while each patient was given one day's rest in three. One of the disadvantages of the picric-acid treatment is that the urine quickly assumes a dark color, due to absorption of the picric acid (carboluria, picric acid being chemically trinitrophenol). The author says that as frequent urinary analysis showed no albumin, the dark color, of the urine was not considered a danger signal and was practically disregarded. [We, however, believe that as soon as the urine assumes a decidedly dark color picric acid treatment should be discontinued.—W. J. R.]

The secondary treatment of the burned faces was the greatest problem, as in many instances the face, neck, scalp, ears, lips, and even eyelids were covered finally with a hard thick crust; the temporary disfigurement was so great in several cases that it was almost impossible to recognize the men. These crusts were lifted wherever loose, all pus expressed and the entire area bathed with peroxide of hydrogen; when dry, they were dusted with a fine powder consisting of aristol one part, boric acid three parts; the lips, eyelids and nostrils were kept greased with 10-percent europhen ointment. After finishing with the picric-acid solution, the healthy granulat-

ing surfaces were gently wiped with sterile cotton every other day, well dusted with the powder previously mentioned, wrapped in thin sheets of lead-foil (silver-foil not being obtainable), and covered with cotton and a bandage. Several patients had to have each finger wrapped separately with foil to prevent adhesion of the raw surfaces, and splints were early applied to wrists and hands to counteract excessive contraction of the scar-tissue. With forceps, at each redressing, as much foil as possible was removed and the rest left *in situ* to come away when complete healing took place.

The author states it as his conclusion that picric-acid solution should be the local treatment in all burns, no matter how severe and extensive, if one wants to get a clean wound, rapid healing, diminished fever and lessened scarring. [The proprietary "Antibrule", which has been popular for many years, is said to be a saturated aqueous solution of picric acid.—ED.]

## THE RELATION OF A CLEAN LOWER BOWEL TO GONORRHEA, PROSTATITIS AND PROSTATORRHEA

The writer is in the habit of examining the prostate, per rectum, of every gonorrheal patient, whether he presents any symptoms referable to the prostate or not. It is surprising in how many people the examining finger will come in contact with fecal masses resting upon the prostate gland. It is their habitual condition. People with a clean rectum are the exception. There can be little doubt that the constant presence of scybalous masses, on and about the prostate gland, has a doubly injurious action. First, there is an absorption of toxic material by the neighboring tissues, and second there is a mechanical pressure of the feces, which produces irritation in the prostate and posterior urethra. You cannot fail to notice an improvement in the patient's condition if you see to it that his lower bowel is clean and empty. It is immaterial what he uses, a saline laxative, compound licorice powder or an enema, so long as the bowel is free from fecal masses.

## LUPUS VULGARIS CURED BY IODOFORM INJECTIONS

Dr. Thomas W. Dewar reports the following case which is worthy of the attention even of general practicians (*Brit. Med. Jour.*, No. 2,413). The patient was a woman of 29, whose lupus commenced on the left cheek at the age of 15. For several years no treatment was adopted, but at the age of 21 she consulted a specialist under whose care she was for about four years (from 1898 to 1902). He cauterized the spot and tried a number of different ointments, without benefit. In July, 1904, she commenced a course of Finsen light treatment which she continued for twelve months. The lupus on the left cheek improved somewhat, but the right ear and cheek were unaffected. On August 9, 1906, or rather more than a year later, the disease was worse than it had ever been, any benefit she had received from the Finsen treatment having entirely passed off. She was dyspeptic, looked ill and had lost about twenty pounds in weight during the preceding year. There was a ragged triangular ulcer on the left side of the nose, a chain of smaller circular ulcers with unhealthy scar-tissue intervening joined this to a fresh extending ulcer over the left molar. Numerous small pits were at the margin of the affected area, passing upwards to the lower eyelid. The lobe and helix of the right ear were ulcerated on both sides (and the resulting deformity can still be seen). Small ulcers extended up the cheek in front of the tragus. A large ulcer, 3-4 inch by 1-2 inch, was situated over the angle of the jaw on the right side, and extended upwards in a deep fissure between the concha and mastoid.

The surrounding tissue was reddish-brown in color, thickened and indurated, beyond which were scattered little vesicles. On scraping off the tops of these, sharply punched little red holes were seen. The diseased areas were extending and covered

with crusts. The scabs were washed off with hot water. Those which would not come off were removed with a spoon or pulled off with forceps. No violence was used. When thoroughly freed from scabs and discharge, and dried, thin pieces of cotton-wool soaked in a 5-percent solution of cocaine were applied to the ulcers for a few minutes. On removing these, thin films of cotton-wool soaked in a 10-volume solution of peroxide of hydrogen were left on, and kept in position by touching the edges with collodion. Every second day the patient received an intravenous injection of 15 minims of an ethereal solution of iodoform plus liquid paraffin. The treatment was begun on August 9. She was quite cured in every part by September 18, that is, in the short period of forty days. The author scorns the suggestion which some might be inclined to make that the peroxide of hydrogen was instrumental in the cure of the lupus. He cannot believe that peroxide of hydrogen would cure a case of lupus of 13 years' standing when the Finsen light and other approved methods had failed. He firmly believes that the intravenous injection of the ethereal solution of iodoform played an important part in the recovery. This, by the way, is the author's favorite method of treating tuberculosis and he says that he long desired to test his method in a case of lupus, for he reasoned that if a solution of iodoform intravenously injected was capable of arresting pulmonary tuberculosis, it should be of value in lupus (which, as is well known, is a cutaneous form of tuberculosis).

## SPIROCHAETAS IN SYPHILIS AND CARCINOMA

It is quite true that the consensus of competent opinion is almost unanimous in favor of regarding the Spirochaeta pallida as the cause of syphilis. It is, however, well to bear in mind that there are dissenters and the honest chronicler must record their views also, especially when we remember, and those who studied the history of medicine cannot help remembering, that only too often the voice of the minority was the voice of right, while the voice of the majority was the voice of wrong.

Dr. W. Schultze belongs to the dissenters and he will not admit that the spirochaeta pallida is really the etiologic factor of syphilis. (*Berliner Klin. Wochenschrift*, Sept. 10, 1906). The chief argument which he uses is that until Levaditi introduced his silver impregnation method, the finds of the spirochaetas were too small to justify drawing conclusions. Now the silver method depends on the application of Ramon y Cajal's nerve-fiber method, only Levaditi uses a 96-percent. alcohol, into which he places his tissue after having been fixed in 10-per cent formalin for a few days. The tissues then are put into distilled water, and then into the silver-nitrate solution (2-percent.), and lastly the developing is carried out in pyrogallic acid, formalin and water. He considers that the employment of strong alcohol without preliminary dilution is liable to contract the tissues and to tear the nerve fibers. The staining follows irregularly.

He carried out some experiments with the cornea of a healthy rabbit (albino), and when he injected some street mud, which produced an inflammatory reaction, he was able to find a large number of silver spirals which were extremely like spirochaetas. He claimed that the spirochaetas demonstrated in tissues are not spirochaetas at all, but are only broken-off nerve fibers, fibers of connective tissue, etc., which have been impregnated with silver. In the same journal, H. Friedenthal takes up the same argument. He, too, regards the use of strong, undiluted alcohol for the fixing of the tissue as being likely to tear the fibers, and after silver nitrate staining the broken-off fibers of nerve plexus appear as silver impregnated spirals. Elastic fibers also take on this appearance, but he claims that the so-called spirochaetas when seen in silver preparations are not necessarily nerve, elastic or other fibers; they can also be simply metallic deposits. Under all conditions he states that they are not parasites.

# GLEANINGS *from* FOREIGN FIELDS

TRANSLATED BY E. M. EPSTEIN, M.D.

## DELIRIUM TREMENS: ITS TREATMENT

**Some of the remedies recommended by the French dosimetrists, the conditions under which they should be used, with the report of an illustrative case**

EVERY living person sees that in consequence of slow intoxications, his constitution becomes materially modified by the assimilation of foreign substances. These foreign substances alter the blood composition, but the body finally adapts itself to the same.

This adaptation preserves for a long while the vital equilibrium, with the appearance of health, but when the day comes that the stimulant becomes a habit, a need, a something wanting, then the equilibrium is destroyed. As Oliviera Castro says: "An organism which habituates itself to an exception finds itself in the presence of a *rule*, when placed in unaccustomed conditions which affect it profoundly."

It is this that comes to pass in alcoholism. The least change in the artificial physiologic state brings with it a noticeable disequilibrium, and may even cause death which may be difficult to explain plausibly. Or it may bring on an access of delirium tremens, unforeseen and sudden, and which may last variably according to the etiology and treatment.

Whatever be the cause of the disequilibrium, two factors must be clearly kept in mind, and these are the possible decrease as much as the increase of the patient's habitual stimulant. The treatment, therefore, of delirium tremens must be subject to these two causes, and therefore, also, must the impressionability of the patient be duly estimated, either to incite when it is depressed or to calm when it is aroused. Whatever be the quantity of the stimulant habitually taken, it must be completely suppressed and we must seek to reëstablish the equilibrium disturbed, by acting on the individual's vital force.

"Life," say modern physiologists, "is nothing else than a resultant of opposing or antagonistic forces. In all diseases there are two means of restoring the disturbed equilibrium of health, viz., the direct means which tend to correct the disturbed functions, and the indirect, which act upon the moderating and regulating functions."

Jaccoud says the preferred treatment of delirium tremens is alcohol, which in certain cases produces admirably prompt results. The patients are not deprived of their accustomed stimulant all at once. But alcohol, even if it should succeed because there is need of a stimulant in a certain case, is a detestable therapeutic remedy, because it helps to keep up a chronic alcoholism and may produce a relapse of either dementia or delirium. Remonstrances and advice become useless because the patient can not get rid of his bad habit.

Strychnine, dosimetrically given, affords us a far better remedy in such cases. Falk, Wunderlich, Lutan and Lardier had the rare good sense to administer this active

principle. Strychnine should be given according to the dosimetric rule, viz., in divided doses, accurately measured, and administered just until effect (three to five granules of half a milligram—gr. 1-134—every fifteen minutes, for instance).

But strychnine alone is not always the best and other remedies have to be added to it. There may, in fact, exist a cerebral exaltation rather than an asthenia and then we must have recourse to calmants, to hyoscyamine and digitalin, which we may give at the same time with the strychnine till we get an effect on the pupil and on the pulse.

We had a case of delirium tremens to treat in the country, last month, in a chronic alcoholic, and this short account will show that strychnine alone can not always do for us all that is necessary.

Man, fifty-three years old, fell suddenly on the road not far from the house I resided in. He was carried on a wheelbarrow to his own house, unconscious. He came to himself after friction and cold affusion, but was very much excited, delirious, with flushed face and dilated pupils. I made him take three granules of strychnine every half hour until effect, not having hyoscyamine with me and caring little for it in this case, seeing the state of the pupils.

Next morning the patient was much more tranquil, he slept, his pupils were normal, but the delirium continued, although less. And yet I continued giving him the strychnine, three granules every hour, which seemed to have acted very favorably up to that time.

Next morning I learned that he passed a bad night; the delirium was stronger, the pupils were *contracted*, the pulse was hard, the skin pale. I stopped the strychnine, and not having with me the simple hyoscyamine granules, I gave him the compound granule, which we give against painful spasms. They consist of hyoscyamine, strychnine and morphine, and I ordered them one every two hours plus a granule of digitalin. Twenty-four hours after that the patient was cured.

From this simple clinical history one conclusion follows, viz., that in similar cases one is not to consider much the dilation of the pupil, which might be called pathologic, and that we are to administer hyoscyamine regardless of it, feeling our way cautiously, as we do in all our dosimetric practice.—Dr. Berchon, in *La Dosimetrie*, Mar., 1907.

## CORYFIN

Coryfin is an ethyl-glycol-acid ester of menthol. It is a colorless, oily, almost odorless fluid, melting at 311°F. under 20 mm. pressure. It dissolves in water with difficulty, easily in alcohol, ether and chloroform. Warming it with the addition of alkalies, coryfin separates into its constituents, with the separation of menthol. The same process takes place on the skin. Places to which coryfin is applied develop a strong menthol action which lasts as long as the slow splitting process of the coryfin does. In headaches, migraine, etc., a little coryfin rubbed into the forehead, or brushed over, will give for hours a feeling of coolness and refreshing. In acute coryza a brushing over of the nasal mucosa with coryfin affords immediate relief in breathing. In hoarseness and catarrhal irritation of the throat coryfin is given, a few drops in lukewarm water, as a gargle, or on a piece of sugar which is allowed to melt in the mouth, the swallowing of which will do no harm. In all cases coryfin proved itself as an anodyne.

## ALKALOIDS OF ERGOT

The crystalline alkaloid, the ergotinine of Tanret, has the formula $C_{35}H_{40}O_6N_4$. From this formula the chemists Barger and Carr believe they must depart, and on the ground of latest investigations they give instead, $C_{28}H_{32}O_4N_4$. From the ethereal mother-liquor of the crystalline ergotinine Tanret got a non-crystalline alkaloid, which he named amorphous ergotinine. Kobert also got a similar body which acted powerfully, and which he denominated cornutine. Barger and Carr succeeded in obtaining the second alkaloid in a pure state chemically. This body is itself amorphous, but gives a series of crystalline salts of chemical purity, They propose for that

body the name ergotoxine. Both alkaloids give strongly fluorescent solutions. According to Dale's physiological experiments a few milligrams of ergotoxine produce all the typical effects of ergot, so that it is doubtless a most important, if not the only effective constituent of ergot. Crystalline ergotinine is almost, or entirely non-effective.—*Pharm. Journ.*, 1906, p. 257, in *Pharmac. Centralhalle*, No. 1, 1907, p. 7.

## THYROID MIGRAINE

Drs. Leopold Levi and Henri de Rothschild succeeded in ameliorating seven cases of migraine with thyroidin, and give the following description of thyroid migraine. The existence of this affection is evidenced by migraine being relieved with thyroidin, by the hypothyroid signs we meet in people suffering from migraine, by the autotherapy of pregnancy, by the influence of female sexual life (puberty) on the appearance of the affection, by the paroxysmal crises (during menstruation) of the affection, and by their cessation at the menopause.

Thyroid migraine does not differ in its signs from common migraine. It is either precocious or tardy, hereditary or acquired, uni- or bilateral, or it may be syndromic or symptomatic. It may last only some hours or some days, but it is always paroxysmic. Cephalalgia, accompanied by vomiting, requires rest and quiet in bed. It may depend upon some ophthalmic trouble. Other varieties of cephalalgia are also favorably influenced by thyroid treatment.—*Gazette des Hopitaux*, p. 668, 1907.

## HYPOTHYROIDISM AND PERIODIC AUTOINFECTION

Drs. L. Levi and H. de Rothschild report the case of an infant four and a half years old, hypothyroidal, affected during seven months with recurrent tonsillitis, vomiting, delirium and hyperthermia. On the treatment with thyroidin during three months the attacks ceased five months and a slight attack occurred on the sixth month. At present the treatment has been suspended two and a half months, and during this time the patient contracted varicella and measles.

This experience, shown on a human being, demonstrates the influence a certain condition of the bodily soil may have upon the appearing of autoinfection. By their periodicity the observed autoinfection attacks come near to migraine, which is often of thyroid origin, and on the other hand hypothyroidism favors periodic autoinfection. We must therefore look out for some trouble of the internal secretions, and it is frequently in the thyroid gland, whenever we have before us a recurrent autoinfection, such as tonsillitis and menstrual erysipelas.—*Gazette des Hopitaux*, p. 668, 1906.

## NEW REACTIONS OF COCAINE

It is impossible for the gleaner to give even a sufficient excerpt of an article on the above subject which impressed him with its importance when he read it in the "*Pharmaceutische Centralhalle*," No. 18, 1906. Space allowed permits me only to call the attention of the professional pharmaceutical chemist to this valuable article. The price of a weekly number is about seven cents, and can be had by addressing the above journal at Dresden, Germany, enclosing the amount, I think, in United States postage.

## SUDDEN CURE OF NEPHRITIS

The irregular and unthought-of course which an acute nephritis may sometimes take is well known, and Dr. W. Eichhorst of Zurich reports a few such cases. He gives the history of two patients with chronic nephritis who were attacked with scarlatina. An aggravation of the renal affection was expected, but instead of it the scarlatina cured it completely. When the fever fell the urine became normal, and stayed so, free from albumin and figured elements (cells, cylinders, debris, etc.).

Similar unexpected results were observed in two cases in which nephritis led on to uremia. One of them, a boy eleven years old, suffered an acute attack of uremia

after a relapse in scarlatina. Uremia made its appearance, the boy had general convulsions and became comatose, cyanotic, and edema of the lungs appeared. A most serious prognosis was made and he was plied with injections (hypodermic) of camphor, caffeine, and half a liter of physiologic serum. The boy got through the crisis, and to the general astonishment of all, came out cured of his nephritis. The urine, which was before albuminous and scant, resumed its normal volume and specific gravity and has not had a trace of albumin since that crisis.

The history of the second patient is similar to that of the first. A patient who suffered from nephritis for some months had an acute aggravation of his trouble and uremia. He was taken with convulsions, and when he came out of them, the urine, which was hemorrhagic before, had not a pathologic element in it, and has been normal ever since.

Cases of this kind are certainly rare, yet they demonstrate none the less that uremia, which must always be taken seriously, may provoke a salutary crisis, whose mode of action we are completely ignorant of.—(*Med. Klinik*, Sept. 2, 1906, in *la Medicine Orientale*, p. 711, 1906.)

## TREATMENT OF WARTS

A case of flat warts of the face was treated and cured with radiotherapy, the amount employed was 5 holzknechts, and incidentally common warts which the patient had on the hands were cured without any irradiation. —*La Medicine Orientale*, Aug., 1906, p. 463.

## STERNUM INFUNDIBULIFORM

This malformation is rare and consists principally in a sinking in of the lower part of the sternum. The deformity is often congenital, but acquired cases were also observed in adults [in shoemakers especially —Dr. E.]. It is almost never of rachitic origin. In a limited number of cases it may be considered as a stigma of mental degeneration. Ordinarily an indifferent case, it may yet become a grave complication in certain cases, as, e. g., in left pleurisy with effusion, pericarditis with effusion, mediastinal tumors, etc., and in such cases it may become urgent and require thoracocentesis or paracentesis of the pericardium. —E. Testart, Th. de Paris, 1906. A. Michalon, edit. in *Gazette des Hopitaux*.

## CESAREAN SECTION

M. Maia Mendes of Oporto proposes the substitution of conservative Cesarean section instead of symphysiotomy, when there is no special contraindication from local infection or any other equally grave complication.

He also would have Cesarean section instead of embryotomy in case of shoulder presentation with or without prolapse (of the arm), when there is tetanization, or where version is impossible, and whether the fetus is alive or dead, provided there is no marked condition of infection at that moment. Of course he accepts Cesarean section in all other known classic cases.—*La Medicine Orientale*, Aug., 1906, p. 473.

## RESULTS OF SYMPHYSIOTOMY

Dr. Alb. Martin performed, four years ago, symphysiotomy on a woman whose rachitic pelvis measured anteroposteriorly but just 8.3 centimeters. This operation allowed the passage of a living healthy infant who is now alive and well.

Lately this woman became confined in the eighth month of pregnancy and Dr. Martin attended her. The fetus, who presented by the breech, could be disengaged and delivered alive by the method of Champetier de Ribes.

What is interesting in this case is the remote results of symphysiotomy. The woman is a farm servant and consequently a hard and tireless worker, and so she worked on for the last four years since the operation. She found no difficulty in walking, no bladder trouble, no feeling of dragging due to prolapsus uteri, and the two pubic bones are united, without overlapping or relaxation of the symphysis.—*La Medicine Orientale*.


# A MAN AFTER OUR OWN HEART

**How a resourceful man of the far west is winning success in the face of all kinds of adverse circumstances**

SPEAKING of calx iodata, it's great stuff. I have not had a vast amount of experience with it, but in the few cases in which I have used it, it has done wonders. We have had a little of the fashionable inflammation of the frontal sinus this winter and in all cases my treatment has been confined to local cleansing sprays with calcidin internally. I have also used it in incipient coryza, laryngitis and pharyngitis with the finest of results. One patient in particular came back to me for a second lot of those "brown tablets" and said, "Doctor," those are the best thing I ever took for anything." What better could either you or I ask? She has been in the care of a man who does not believe in "alkaloids" and his dope had kept her flat on her back and nauseated for two weeks. I saw her four times, and then she took a business trip on the stage forty miles and when she returned she said that she had felt fine all the time she had been out of camp. I have not had an opportunity to try calcidin in croup in children, but have used it in cases of croupy cough in adults and with gratification.

Speaking of the alkaloids in general: the more I use them the better I like them and do not think that I would be satisfied to go back to the products of Galen. I have not had a case of pneumonia myself, but have been called in consultation on a couple this winter and have advised alkaloidal treatment and offered to furnish the remedies and have been turned down by the man in charge. One case he lost, owing largely to the fact, I think, that he did not stick closely enough to one line of treatment. He came to me and asked what I would do. I suggested aconitine, digitalin and strychnine. He used some preparation of digitalin and strychnine, but too late. Did not use aconitine, as he said that he was afraid of it. I told him that he could watch the symptoms and stop when he had dose enough, but his fear would not allow him to even make a trial. He read an article saying that quinine (which is not an alkaloid?) was a specific in pneumonia and after heroic doses found that it did not act at all as the article said it would.

This same man and myself have had several talks about the hyoscine-morphine anesthetic. He has used scopolamine and not with good results and after reading Dr. Wood's article in the *A. M. A. Journal* said that he did not think much of the new dope. I have tried to impress upon his mind the fact that your product was atroscine-free, and in consequence had not the same effect as the scopolamine product commonly found on the market. In spite of all my arguments he would not see it

my way. While I have not as yet used the hyoscine method, I know enough of Dr. Lanphear to place confidence in what he says.

I never could understand why it was necessary to assay a preparation to an exact alkaloidal strength, except to make it conform to a certain standard, as it looked to me as though it would be better to administer the alkaloid in its pure state without all the extraneous matter that goes along in a tincture or fluid extract. It is a great argument that the non-alkaloidists put up. They say that they do not believe in alkaloids and at the same time insist upon having standardized tinctures and fluid extracts. I am still a tyro in so far as alkaloids are concerned, but am reading everything that I can pick up on the subject and am rapidly becoming an enthusiast. I read THE AMERICAN JOURNAL OF CLINICAL MEDICINE from "kiver to kiver" every month and endeavor to absorb as much as possible. I know one thing and that is that I have not lost a case of any sort and have not kept my cases in bed for any great length of time since I have been using alkaloids. I get results and my patients get well quickly. The only fault that I might find with the alkaloidal products is that they do not keep me busy long enough, but that will be more than overcome when the people become educated to the fact that my cases do not linger along.

I had the satisfaction of demonstrating what the "little pills" would do in a case not long ago. It happened to be glonoin that I used, but I kept that to myself. A man who has a rheumatic diathesis had a uric-acid explosion one morning about two o'clock and when I reached him he was next to pulseless. I put a couple of glonoin granules on his tongue and within a few moments his face began to take on a little color. A neighbor lady said, "Well, those little pills surely do the work." Just then Servoss kept his mouth shut.

I had a case of orchitis with a little general temperature rise every afternoon. Three granules of aconitine half an hour apart put a stop to the rise and the patient said that those little pink pills were greater than they looked.

For about four weeks during January and February I suffered from a neuralgia of the stomach and after a few nights' sleeplessness, owing to the intense pain, I took a 1-1,000-grain granule of hyoscine hydrobromide. That night I slept and the following day the paroxysms of pain were not as frequent nor of as long duration. After following up that line of treatment a few nights the gastralgia disappeared completely. A few nights I doubled the dose and only took the hyoscine at night.

I want to say a good word for the saline laxative. I have used it for sick-headaches in women who have ingested too much at social functions and the women come around for some of those "good salts" and those same women say that they cannot possibly take Epsom salt. A few intestinal antiseptic tablets always accompany the "salts" and the results are beautiful.

It is possible that the dispenser does not give his patient the same attention as our Eastern friends would give him credit for doing, but he usually gets results. I would like to put one of those prescription writers out in the desert where the only cow within fifty miles is of the "canned sort" and see him treat a case of typhoid to a successful termination, and that without writing a single prescription. I tell you, Doctor, that the average prescription writer is up against it when he goes to dispense his own remedies. I was a prescription writer in a metropolitan town for several years and was not conversant with the physical appearance of many of the remedies I wrote for. I am only one of many in that respect. Dispensing gives a man a much more liberal education in materia medica than does prescription writing. He gets to know what he is doing and not only that: he does not have to wait till the druggist has filled his prescription, but is getting results from the moment he sees his patient.

I believe that the dispensing doctor gives his patient as thorough an examination

as does his prescription-writing brother. I have come in contact with a good many country doctors and as yet have failed to find one who was not up to date, unless he happened to be one of the don't-care kind, and that sort one can find in the cities. I do not believe that dispensing makes a doctor of a mercantile disposition, as has been said. The average dispenser does not charge for the medicine, and if he does, it is for self-protection. I am personally acquainted with men who send their prescriptions to certain drug-stores and the druggists pay them a commission for their business. Those same doctors uphold prescription writing as the only proper way in which to practise medicine. Why should they not? That is what I call commercialism of the rankest sort. In the language of the street it is a "skin game" and the patient gets the worst of it.

I do not think that I will ever go back to the Galenical style of medication, for what's the use? Alkaloids are absolute in the results they obtain, are a pleasant mode of administering remedial agents and do not carry a lot of inert stuff.

I trust that you will pardon this lengthy letter, but I have a hobby that I like to ride and that hobby is alkaloids and when I get started to talking or writing on the subject I do not like to stop. In my drug business I carry a line of fluid extracts, tinctures and other pharmaceuticals, but they are for the men who do not appreciate alkaloidal therapy, not for myself.

GEORGE L. SERVOSS.

Fairview, Nev.

—:o:—

Dr. Servoss is a man after our own heart. Personally, we haven't the pleasure of his acquaintance, but you may bank upon it that he is *alive* from the crown of his head to the soles of his feet—a man who lives in action and rejoices in the achievement of tangible results. That's why the alkaloidal idea appeals to him and has made him an enthusiast. The approval of earnest men like him and other good friends of the "family" helps us mightily.

How we do enjoy these vital letters, throbbing with the life-blood of men *at work*, written after the day's work, full of things that the man himself has seen, done and felt! It's life—not the shadow but the substance.—ED.

## AN EXPERIENCE WITH TYPHOID

Noticing H. J. W.'s complaint in the November number, page 1447, concerning his typhoid case, I would like to add an encouraging word to the clean-out, clean-up doctrine. After thirty-eight years of practice and passing through many seasons of typhoid fever I go back over my cases, by recollection, not having kept a record of cases. I have lost many and have pulled many through by a slight margin; some cases were cut short, not lasting more than ten or twelve days, while some went ninety-eight days, to recovery.

Long before I dreamed of the germ theory, I followed the rule of cleaning out and keeping clean by the best remedies then advocated. I have come to the conclusion that in typhoid and in all bowel troubles the only rational treatment is to clean out and keep clean. I have also come to another conclusion: that all cases, or for that matter all epidemics, are not controlled with equal ease in different seasons. I followed the treatment of Wood, published in 1847, in my early days, consisting of the use of calomel, turpentine and castor oil, to prevent the putrid material from contaminating the inflamed mucous membrane. This season, in a very severe epidemic, I have in one or two cases relied mainly upon the same old treatment for cleaning out, with as gratifying results as any of the newer prescribed remedies.

This season we have had in this locality the worst form of typhoid fever since 1878. Since I began reading THE CLINIC a number of years ago, I have practised to the best of my ability the theories therein laid down for the treatment of typhoid fever, and, in fact, all other diseases, using the alkaloids so far as my knowledge of my cases would permit me to, and I have had

fair success and gained a local reputation as being able to break up typhoid; in fact, for the past ten years I have been so fortunate with my cases that I have lost all fear of typhoid.

But the season of 1906 has broken all records with me so far as deaths from typhoid are concerned; and those that are now alive were sick a long time and passed through all the stages, none of them less than twenty-one days and one nine days. Thinking that my remedies were at fault I sent to THE CLINIC laboratory for a supply, and my first case after receiving it went at a whirlwind pace for twenty-one days with just a hair's breadth in favor of recovery. This case was in my own house, with two physicians and one of the best trained nurses constantly in attendance; never for one moment did we neglect the clean-out process, and to it I attribute the recovery.

This experience has convinced me that typhoid fever, as well as the bowel troubles of children, is controlled largely by the season, as in this locality there have been many deaths among children from bowel trouble, both in my own practice and those I have met in consultation, where the clean-out, clean-up treatment has been carried out to the letter.

The medication has varied some as to the disinfectant used, but the results have been about the same, whether the alkaloids and sulphocarbolates were used or some of the other known disinfectants. There is one thing more that has been forced upon my mind in connection with the clean-out process, and that is, you are never sure that the bowel is unloaded. My treatment as to unloading has been calomel, podophyllin, saline cathartics, and castor oil; and by the way, I prefer the oil to any saline I have ever used. I also use daily, through a colon tube, if the case is bad, castor oil two ounces, glycerin one ounce, oil of turpentine one-half ounce, hot water enough to make a pint.

Even by this treatment, which was often supplemented by large hot-water irrigations, I have failed to clear the bowel, in one case getting hard fecal matter the twentieth day, and in the other the thirty-fifth day. Both of these cases died and early showed signs of heart weakness and a mild myocarditis. These cases sent my thoughts back over a lapse of time and I can recall several cases of myocarditis occurring during a mild run of what we used to call typhomalarial fever, and later in a few cases of so-called typhoid which had been badly treated and where an obstinate obstipation was present. I don't know whether there is any direct connection with obstipation and myocarditis, but from this on I shall watch closely for the one when the other occurs.

The food question with me in cases of typhoid, as well as in the bowel troubles of children, has been a source of considerable worry and not a little experimenting. For some years I have held closely to fruit juices. If the case was long continued, so the fruit juices were not sufficient, I used beef essence, either squeezed out or made in a can in boiling water, but always with dilute hydrochloric acid.

This season I have used, instead of the beef essence, olive oil every two or three hours and a fair amount of sugar, the amount to be regulated by the condition of the patient; in cases where I have wished to push the oil I have used ox gall as a digestant, and thus far I see no reason to discontinue the use of either. I think the olive oil keeps up the flesh as well as does sugar, and the convalescence is not so long; even small children take it readily after being sick a few days and often want more, especially when much emaciated. I have never found any oil in the stools, even when giving one-half ounce every two hours to an adult and one-fourth ounce to children of three years of age. With the sugar I have had in some few cases some acid condition of the stomach, but a short discontinuance would correct that.

I have never had any trouble from the clean-out process in any stage of the fever. Often, when the temperature would take a sudden rise, an ounce of castor oil, followed in two to four hours by the enema

referred to, would bring away a large quantity of slough, and down would go the temperature. Equally so in the cases of hemorrhages; you get a large movement of nasty, broken-down blood, and down goes the temperature; and let me add here —always be prepared with adrenalin when you have a case of typhoid, for you cannot tell when your slough and hemorrhage will occur. It will come without warning. I have lost a patient from hemorrhage the sixth day after being called to see him, and I have obtained a quantity of foul-smelling slough on the eighth day.

The best fever medicine, to my notion, is something to clean out the alimentary tract, and if you are disappointed in one case or a hundred, don't lose faith but keep on trying. If the temperature goes up, try more cleaning, and *clean every time the temperature goes up*. The old notion of increased peristalsis increasing the inflammation and rendering hemorrhage more likely is not proven by any facts.

In the December CLINIC, J. K. Newman gives his treatment for typhoid. To me it is old, having followed it, or practically the same thing, for a number of years as well as this present year, and many a time I have let out my hat band and promised myself to write an encouraging word to the readers of CLINICAL MEDICINE, but failed to do so. But today I can truthfully say that that same treatment was faithfully carried out with what I know to be enough of aconitine and enough of the saline to produce free catharsis, with 15-grain doses of sulphocarbolates every hour and continued for twenty-one days before the morning temperature was normal. Mild sponging with cold water had no effect whatever.

Without discontinuing any of the treatment I gave calomel in 5-, 10- and 20-grain doses, followed by 1½ ounces castor oil; I gave the oil every day, calomel every two or three days. Ice-bag to head and over abdomen constantly; nearly every day I was obliged to put the patient in an ice pack to keep the temperature down. I supported the patient with strychnine.

With eight such cases, with four deaths—three of the recovered cases going twenty-one days before morning temperature was normal and from four to eight days longer before the evening temperature became normal, the fourth case going ninety days before the temperature was normal—has put a large crimp in my hat band, and if any of the readers of THE CLINIC should come up against an epidemic such as has prevailed this fall in this section, I fear it would in theirs.

I have been in consultation with some of my colleagues who have used other intestinal antiseptics, such as acetozone and betanaphthol. Their results are about the same as mine, cases running fully as long. Ray Huminston in *The Journal A. M. A.*, Nov. 17, 1906, gives the results of the use of acetozone in ten cases. Length of cases about the same. Dr. Kerr, Medical Superintendent of the Edinburgh City Hospital, gives a report in *The Edinburgh Medical Journal*, July 16, 1906, of the use of antiseptics in the treatment of typhoid, wherein he claims, beyond preventing some putrefactive changes, that they have very little, if any, effect in shortening the disease; that is, they cannot destroy the bacillus (only in the intestine where they are the least injurious), as the disease is one of general infection.

Waugh, in his "Treatment of the Sick," does not claim that the sulphocarbolates will attack the bacillus, once it has entered the blood stream. He only contends that by their use he prevents further invasion, thereby preventing more bacilli entering the blood by the intestinal route. Can any one contradict that, once the blood is contaminated with the typhoid bacillus, it has not found a fruitful medium in which to multiply, needing no fresh supply from the alimentary tract to prolong the fever? Again, can any one say that there is any elevation of temperature before the blood becomes infected, and if so, there are any symptoms other than a generally bad feeling for which the physician is seldom consulted? If there are any symptoms, some brother please give them to me, for

I believe that at that time the typhoid bacillus, like any other poison taken into the alimentary canal, may be removed, thereby preventing a general infection. If there are no symptoms until a general infection occurs, this statement of always jugulating the disease is very misleading and discouraging to those who have a true typhoid to deal with. I do not contend that such cases have not occurred, but if the diagnosis has not been verified by the blood test or culture from the bowel discharge, I would question the statement.

Let me give the history of two of the sporadic cases, one that terminated in twelve days. The rose spots did not appear until the eighth day. The temperature became normal on the twelfth day. Convalescence was very slow and the rose spots were as bright and distinct thirty days after as any time. Forty-two days after the temperature became normal, they had disappeared. I did not see the patient during the intervening twelve days.

The other case was given by one of my brother doctors, and one who has had large experience with our typhoid here—a very capable, painstaking diagnostician. Here are his words: "I was called to see Mrs. M., in consultation. She gave the following history: Had not been feeling well for about two weeks previous to being taken ill; had a chill followed by fever ranging from 100° to 103° F. I saw her the latter part of the second week. Her temperature was 103°F.; tongue dry, heavily coated, protruded with difficulty, and great hesitation and deliberation in speech; pulse from 100° to 120°; not a typical pulse. Emaciated. Rose spots over chest, abdomen and back, not profuse. Had no particular diarrhea up to this time. Blood showed negative. The next morning after my visit diarrhea commenced. Duration of sickness twenty-one days. Ten months' old babe in same house; much the same symptoms except rose rash. Diarrhea commenced earlier. Time sick, twenty-one days."

They say that on the twelfth day it is many times jugulated. I have full confidence in this fact, for all the more recent authorities that I have read contend that many abortive cases terminate thus early. Of all the intestinal antiseptics I have ever used I prefer the sulphocarbolates, and as you will see, I have pushed the remedy in some of my typhoid cases to 360 grains in twenty-four hours, and that for twenty days, without even changing the stools. Neither did I get any unpleasant effects. As to my use of the calomel, I don't wish to be understood as using it as a routine in all cases in the large doses named, but in some of my cases I felt warranted in doing so. From this on I am going to have either blood tests or cultures in all my suspected typhoid cases and continue the clean-out and antiseptic treatment; and perhaps some day I may be able to see more clearly what the difference is between the epidemic and the sporadic cases we meet so often.

Now, Brothers, some of you tell me how to diagnose typhoid fever by symptoms other than the blood test or the culture before the fifth or sixth day of the disease. The spleen does not begin to enlarge until the fifth day; the rose spots not earlier than the sixth; pea-soup discharges on the twelfth day. Now what symptoms are there that will differentiate typhoid from some of the forms of intestinal toxemia, until these known symptoms arise?

C. M. STEWART.

Hume, N. Y.

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Dr. Stewart has presented his experience and views in a way that is to be commended; and we gladly give it space. It is by no means essential or desirable that those who report the results of the means and methods we advocate should agree with the editor, or only send favorable reports. What we want is the truth, first and last. Nevertheless, we have no right to accept one man's verdict as any more true than anothers; and when men, presumably equal in qualifications, report different results, we may explain these by differences in cases treated or in the technic employed.

Dr. Stewart has given striking instances of the difficulty experienced in completely

emptying the bowels; how is it possible for any quantity of antiseptic to disinfect a solid fecal mass? Simply "giving antiseptics" has little meaning unless preceded by complete emptying of the bowels, and the antiseptics are then given in quantities and manner sufficient to secure the desired effect.

We have repeatedly expressed our belief that when typhoid ulceration has occurred, the oil of turpentine is a better remedy than the sulphocarbolate.

We gladly give place to this excellent report.—ED.

## WHY THIS MAN DISPENSES

I have been very much interested in the discussion, in your admirable journal, regarding dispensing and prescription writing. I have had experience in both lines and must say that I always intend to dispense my own drugs. As an illustration of one of my reasons for so doing, let me cite an instance: Because of my connection with a large hospital near where I resided, people began to tell that I was a "throat specialist." A woman came to me suffering from a severe tonsillitis. I made local applications and gave her a prescription which was a favorite at the hospital. She never came again for treatment but told me after a few days that she was well. A few months later I was in a nearby drugstore and the druggist mentioned my prescription for tonsillitis given to this woman. He told me it had been renewed ten times for her various relations and neighbors. He also told me that he always exacted cash for prescription work. I never was paid for the treatment or prescription, the patient's family and friends never had to pay physicians' services for tonsillar affections, while the druggist made the money on the renewals. People in many cases will pay for medicine sooner than pay for treatment.

Another instance: A friend who travels for a well-known drug house told me the doctors were the easiest advertising medium he knew of. He said they sent samples of a new remedy to the physicians. They use the sample and then write a prescription when more is needed. The patients have these prescriptions renewed and get their friends to use the same. The manufacturer and the druggist get their profits and the doctor—the innocent, free advertiser—gets the praise for prescribing a good medicine. But praise will not buy bread and butter.

In both cases cited above the physician could have had the profits and the praise. Many doctors are blamed for not curing patients simply because the patients continue to use the same prescription for months, while the doctor, maybe, only wanted the combination used for a week and then would change. By dispensing his own drugs he can compel his patients to return at stated times for examination.

The main point is this: A physician who dispenses can be, and is, held in as high esteem as the one who writes prescriptions. And how many lives have been saved simply because we had our medicine case with us at the proper time.

WM. S. MCCORMICK.

Lilly, Pa.

## THE PHARMACOPEIA—AS SEEN BY ONE GENERAL PRACTICIAN

Why is not the United States Pharmacopeia more popular with physicians? Why do not a larger proportion of prescriptions call for pharmacopeial drugs? Is there any good reason on the part of the physician why he should use the Pharmacopeia more? Is there any good reason for its lack of popularity?

When a student graduates into a full-fledged physician, he has passed an examination in materia medica, and that materia medica is composed principally, if not entirely, of pharmacopeial drugs.

The first few years in practice he is gaining experience, has time to study his cases pretty thoroughly, and is prejudiced in favor of the Pharmacopeia. He gets familiar with certain drugs which in this combination or that appear to influence

certain conditions for good. Certain others which he has been taught to depend upon have failed him and a proprietary has seemed to turn the trick.

At the end of eight or ten years he has quite a pharmacopeia of his own, limited, to be sure, but composed of drugs which he feels that he can depend upon—some official and some non-official.

One of these is, perhaps, tinct. of digitalis or tinct. of belladonna or tinct. of aconite. He has gotten way beyond the textbook in these drugs, and his dosage does not depend on a memorized strength but on the effect which he has been accustomed to get from a certain quantity.

Just now a revision of the Pharmacopeia becomes authoritative and he wonders why his prescriptions containing these tinctures do not have the effect he has learned to expect. He now learns that the strength of these tinctures has been materially decreased. He makes a mental note of this and tries to arrange his prescriptions accordingly but he has come to think of tinct. of digitalis as an entity with certain effects, and not as a certain percentage of a crude drug which in its crude form has never entered into his experience, and therefore he finds himself more or less at sea when writing prescriptions containing that tincture.

What wonder, then, if he falls back on a proprietary which he has until now used but infrequently but which he feels it is to the interest of the manufacturer to keep at a standard strength and which therefore he can depend upon.

But for the next changes in the Pharmacopeia we are not to wait ten years. The druggists are now clamoring for an annual revision to be issued in the form of a supplement.

But, you ask, what have the druggists to do with it? Is not the Pharmacopeia in the hands of physicians?

For answer let us look at the composition of the Revision Committee. Fifteen druggists and eleven physicians, and of these physicians more of them theorists than practical men.

Am I trying to block the wheels of progress? Not at all. A revision every year, if you choose; but make it in the interests of the physician. Let the changes be the adding of new preparations and the cutting out of obsolete ones, but *hands off the old standbys.*

But why should the physician make a fetish of the Pharmacopeia? We can see why the druggist should be interested and why he should wish that prescriptions be limited to a certain list of drugs. But since when have the physicians been in leading strings to be dictated to by any body of men, whether they are called a Committee on Revision or a Committee on New and Non-official Preparations?

The physician's business is to carry on the battle against disease and to use the means, whether official or not, which will give the victory to his patient. It is the business of the pharmacist to see that the drugs furnished on prescriptions are what the physician expected his patient to receive, and it is not his province to try to tie the physician down to a certain set of drugs. The individual physician has to shoulder the responsibility in each case and his hands should be perfectly free.

J. LEVERETT.

Yonkers, N. Y.

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The last paragraph in Dr. Leverett's article is the summing up of the whole matter. This is a matter *for the doctor himself to decide.* Let him seek all possible knowledge concerning the cure or alleviation of disease, and apply this knowledge with a sense of his duty to the patient—untrammeled.—ED.

## TOO MUCH WATER

In a really excellent paper in *The Medical Times* Q. W. Hunter arrives at these conclusions: The ingestion of much water in infections may be of great value or be extremely detrimental. The hydremia may impair the nutritive value of the blood. Circulatory and nervous disturbances may be caused by it. Digestive disorders and gastromotor inefficiency may be due to it.

Dropsies are not infrequently enhanced. The renal water habit may be induced and the kidneys be sluggish without an excess of water. Nephrites may be induced by overwork. Genitourinary inflammations may be deleteriously affected.

A heavy indictment truly. The use of water should not lead to its misuse. The importance of flushing the emunctories and thus ridding the body of microbic toxins is admitted, but we are apt to carry a good principle too far, and the limitations demand judgment.

## DOCTORS FOR DOCTORS AND A SQUARE DEAL: OUR POSITION CRITICISED

In reply to your general circular-letter of May 2 I beg to state that I already am a subscriber to your interesting journal, therefore extra sample copies are wasted in my case.

First, I must say that I am a so-called "regular," a graduate of the Department of Medicine, University of Pennsylvania. I try, however, to be fair on the therapeutic subject, well knowing that all the various "pathies" contain some that is good as well as some dross. I am greatly interested in active, physiological therapeutics, and while a beginner yet in the dark so far as alkaloidal treatment is concerned, yet I read your articles with increasing interest.

I must, however, after reading your editorials in this month's issue, say that in my humble opinion you do not treat the effort now being made by the American Medical Association, through its Council on Pharmacy and Chemistry, as well as Dr. Simmons, quite fairly. No physician who has the good of our profession at heart can deny that great evils have grown up in the proprietary business. There are thousands of these preparations advertised to us, many of them no doubt meritorious, but too many that seem rank frauds. Who is to separate the good from the bad? Is it the journals, the profession or the pharmacist?

Your own efforts are along the line of honest medication with active drugs, and yet in your advertising columns you advise us to use many of the composition of which we are ignorant. Do you prescribe pas avena, salusol, echitone, sanguiferrin, Hayden's viburnum comp., bovinine, camphophenique, manola, Pond's extract, anasarcin, etc.?

Has not the Council done great good by showing up antikamnia, ammonol, and some others of the acetanilid frauds, as well as again telling us that pepsin and pancreatin cannot be combined in the same mixture? Are they not doing good by showing that the formulas of some proprietaries are changed as it best suits the convenience of the makers?

Is it not a fact that all pharmacopeias issued to us in the past have made official some preparations formerly proprietary?

I was recently present at the death of a 14-year-old girl whose physician had been treating her for heart disease with anasarcin tablets, telling her parents that no other remedy would do her any good; yet her heart lesion was only secondary to kidney disease. Did the squill she was taking do her any good?

Honest criticism, Doctor, is necessary to prevent mistakes and possible fraud; it is the regulator in medicine as well as politics, but it should not neglect to bear in mind the greater good that has been or is being done.

So far as I know the American Medical Association is the only agency that is successfully purging our armamentarium of the things that are bad in this country today. Now why not assist in the work whole heartedly instead of using your great influence in trying to find fault? There must be few men who will claim that the Council is absolutely right in all that they do—the issue confronting them is too large to be solved at once without some injury to innocent parties.

Most of us members of the American Medical Association will gladly subscribe to your sentiments in the second paragraph of your circular letter, but many will fail

to see in the work under discussion "the evil that is intended."

Again expressing my appreciation of your journal, and as one of your pupils, I remain fraternally yours,

EMIL KING.

Fulda, Minn.

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The second paragraph in the circular subscription letter, to which Dr. King refers, reads as follows:

"CLINICAL MEDICINE stands, as it always has stood, for organized society work; for protection; for the best interests of the doctor and of the great association of which I am proud to be a member; but it also stands for fair play, for a manly recognition of good wherever found, as well as for unsparing condemnation of evil that is intended."

Dr. King gives us honest, straightforward criticism, such as we are always glad to get. If at any time we are wrong in any position we take in CLINICAL MEDICINE or elsewhere, we want to be set right. It is our purpose to be just as fair with every man and with every issue as we desire others to be fair with us.

We acknowledge, willingly, that the Council has done much that is commendable and that will be of permanent value to the profession. We have not said this once but many times, and while we have criticised Dr. Simmons, we have also praised him on more than one occasion. See, for instance, an editorial in the December, 1905, number of THE ALKALOIDAL CLINIC.

In another portion of this issue, in the editorial section, we discuss Council matters. We do not stint our praise, where it seems deserved, just as we do not withhold criticism where we think it due. Fraudulent proprietaries and secret nostrums we have never defended—never knowingly. Find any place in this journal where we have been guilty of this. We do, however, rise to protest against wholesale condemnation, because we know that many proprietary remedies have in them much that is good, and that their use has contributed greatly to the effectiveness of many a physician. This use has by no means been confined to the so-called "ignorant" class in our profession. Go over the literature of the proprietary nostrums of a decade ago—yes, five years ago—and you will find many, many letters of recommendation by men of high standing, in many instances the very same men who are now raising their voices in the cry of "kill," "killl"—because "killing" just now is in fashion.

There are times and occasions when criticism and reform should be destructive—undoubtedly. But there is an old proverb that "honey is better to catch flies than vinegar." I believe, sincerely, that the majority of men—even proprietary manufacturers—are at heart honest, anxious to do the right and fair thing, I also believe that many of the sins, both of omission and commission, charged against them, are errors of judgment, sometimes doubtless also of ignorance, rather than dishonesty. Give such men and institutions an opportunity to set themselves right, help them, encourage them a little, and the majority will show themselves eager to fall in line. Boost a little more—knock not quite so much. That's the thing.

Simmered down to bottom fact, the essential charge we have to bring against the Council, therefore, is, that instead of showing this spirit of helpfulness and cooperation, it has from the beginning shown one of extreme antagonism, which has, unfortunately, been more acutely felt by the smaller and financially weaker houses. It is true that some of the "large, reputable houses"—because of their financial strength—can employ expensive chemists and other experts, men of high professional standing whose opinions carry a certain weight in defense of their positions, but that is all the more reason why the weaker houses should be aided in their legitimate efforts, when these efforts are honestly made and their products are essentially honest.

Another expression of this same thing is the movement which has recently sprung up "like Jonah's gourd," in some of the state journals, to bring pressure to bear upon the members of the organized pro-

fession to *forbid* them from prescribing or dispensing (perhaps the word "dispensing" might be omitted, for there is also a semi-official movement against that also, as against all independence on the part of the physician) remedies that *have not been approved by the Council.* It is hardly reasonable to believe this movement a purely spontaneous one. There is something behind, you may be sure of that. It is a well-established maxim in Anglo-Saxon law, that "a man is to be considered innocent until he is proven guilty." To put this "scab" idea into execution, thoroughly, would practically destroy the business of many weak manufacturing houses, even while their products are being *considered* by the Council—for, mind you, getting a remedy through is not a matter of weeks, but of *months.* Is it fair and square to put a remedy under taboo all this time? Is it right?

Take the list of remedies which you give. Are they not as "good" as they were a few months ago? These remedies have not been passed by the Council. You assume that *all* of these things are bad. What right have you to do this? Their composition, for the most part, is not secret. We admit none to our journal the proprietors of which do not supply us with a formula which appears to be correct. If we find that any of them have been lying to us—out they go. (See our editorial pages this issue.) Isn't that square and honest? We can see no reason why these things should be dubbed dishonest before they have been passed upon by the Council, or in any other way shown to be crooked. Prove them bad or their makers guilty of intentional wrong-doing and they shall go. Isn't that fair? We think so; and, meanwhile, we shall treat them just as you would like to be treated yourself if you were dragged into court on a trumped-up charge. Don't let us hang any man or kill or cripple any business till we are assured of his or its guilt.

It is absurd to talk about our "advising the use" of the things advertised in our columns. We simply try to assure ourselves as best we can of the honesty of the maker, that his product is honest and presented in good faith and then sell him space. Certainly you do not believe that *The Journal of the American Medical Association* "advises" the use of the numerous coal-tar products of foreign manufacture, some hundreds of which have been passed by the Council. Do you really think that the average practician is going to prescribe such remedies as aristochin, citarin, epicarin, isopral, etc., any more intelligently or with greater likelihood of success, than he will Hayden's viburnum comp. and bovinine? We need to inject more commonsense into this subject and more of the spirit of fairness all around. If we, too, have sinned —give it to *us!* We'll take our dose and we'll try to get right.

Yes, we *do* think that the Council has "done great good by showing up antikamnia, ammonol and some others of the acetanilid frauds." The same is true of the campho-phenique and labordine exposures, and to a less degree of the pepsin and pancreatin combinations, though these have been "exposed" time and again ever since they first appeared, physicians meanwhile continuing to use them, in spite of their theoretic absurdity, and call them good.

We believe heartily in this educative work, that it should be honestly and painstakingly done, just as the Council is doubtless endeavoring to do it. We want them to keep on and, little as it may be desired, we shall continue to lend, as we have always given, our support to the movement, so long as it is carried out in a properly helpful spirit, with the evident intent, first of all, of aiding the doctor to become a really better doctor, rather than in steering him back to the venerable and revered galenical gods of the daddies, the official galenical remedies—and to that Waterloo for the doctor, the corner drug-store. It isn't that we have anything against the druggist, or the pharmacal members of the Council whose interest is naturally greater in that direction—but as doctors for doctors we place the interests of our own profession above those of any other.

We are wandering from the subject—but, Doctor, we cannot help interjecting the wish right here, that the Council, which should have doctors in the majority, would address at least a portion of its efforts to *constructive* therapeutic work.

Ye Gods! What a field there is—what an opportunity for it! Let them go ahead in a truly helpful way to clean up our remedial armamentaria, *galenic as well as proprietary*, but from there let them pass on to an organized effort to test our remedial agents at the bedside. There is the court of last jurisdiction! And—another motto: "Try all things and hold fast to that which is good!" In the multitude of remedial agents there are none too many of the really good ones, so that we cannot afford to let *any* which promise the saving of life escape our attention. It's better to get down to these facts which are of such fundamental importance than to spend so much of our time raking over the wide fields of therapeutic reform with a fine-tooth comb for damning petty faults.

Of the anasarcin matter just a word. In the case of which you speak you know the facts and we do not. But is it not possible that your criticism of the other physician is just a little unfair? We do not, of course, know whether the anasarcin was indicated or not? But does that fact constitute a general indictment against this remedy? What about the doctor and his diagnosis?

Brother, we thank you for the spirit of your letter. It is of the right kind. While genuinely and intelligently critical it is intended to uplift. That's what we all need: the spirit and the desire to be just as useful to our patients first as we can possibly be—patients first, then our own profession. Our very anxiety to help and our enthusiasm in the work we love sometimes leads us astray, we have no doubt. It may make us too critical at times, but we are genuinely anxious to contribute our mite to professional uplift, and even if our method is not "approved" by the Council of Pharmacy and Chemistry and the theoretical few, we know it to be by the liberal, independent, working thousands who evidence the fact by the rapidity with which they are flocking to the standard of Doctors for Doctors and the Square Deal.—W. C. A.

## CURING THE ITCH

I have just read the article, "A Cure for the Itch," in the April CLINICAL MEDICINE, page 420. In the spring of 1903, Mr. Henry T., wife and three children, were treated by me for this disease, with calcium sulphide. The 1-6 grain granules were used and the remedy pushed to thorough saturation. The symptoms were promptly controlled and a cure effected in three weeks. Warm baths and the application of carbolized vaseline constituted the only other treatment.

While the children were saturated with the drug, they experienced a severe exposure to scarlet fever. They played all day in a close room with a child in the third day of the eruption, one of them having slept with the same child the previous night. None of them took the disease, nor had either ever had it. Subsequent use has proven its value.

R. H. PAXTON.

Florence, Colo.

## THE PREVENTION OF BED SORES

I have just read on page 341, in March AMERICAN JOURNAL OF CLINICAL MEDICINE, a short item referring to the prevention of bed-sores. Some time ago I became sick in Chicago and my attending physician soon had me in one of the leading hospitals, where I remained about three weeks. I was placed in a ward at $8.00 per week and my case was cared for as is the custom. My clothes were all put away and I was clothed in the regulation coarse, clean, unbleached cotton sleeping-robe. I was not dangerously ill, but quite uncomfortable, and being restless, I turned and twisted about a great deal. After several days there, I noted the nurse rubbing alcohol on the sharp points of my frame (for I was thin), and these points were very sharp. I made inquiry about why this alcohol was used and was told that it was to prevent bed-sores. I then noted the redness of

the sharp places and also felt the little irritation.

After a time I learned that I could for $12 a week be transferred to a room with one other person where there was less noise, and as the noise in the ward annoyed me, I asked to be transferred. When I went into the new place I was given a fine white cotton sleeping-gown, and within two days all indication of bedsores had disappeared.

Now, I do not suppose that there is one nurse or one doctor in the place who came in contact with me that knows to this day that the only reason the bedsore symptoms appeared was because of the coarse, new cotton gown. To be sure, I have a tender skin and others have a tender skin, therefore I say, coarse cotton gowns should never be used in any hospital—in the free wards for the poor or any place else. Some skins would never know the difference, to be sure, but the tender ones should be considered.

Along this line I shall make some further remarks. When I was a small boy I lived on a farm and I, with my brothers and sisters, had about three miles to go to school. My good mother wanted to do the square thing by us, so when winter came we were all put into dark-blue shirts made of common flannel. Well, when the time came in the winter to put them on I got ready for trouble, and I got what I got ready for. I suffered positive torture for at least one week and never felt that a clean, freshly washed shirt was welcome. I kicked, cried and complained. As my brothers with their tough skins said nothing, my mother thought me foolish about it, so I wore them till spring. After I grew up I wore woolen till four years ago, but I could endure it only when I purchased a fine quality, paying $5 to $6 a suit.

About four years ago I said to myself that I would quit paying such prices and would wear a $3 suit—would just force myself to do so. I said to myself mentally, "I won't let a woolen shirt rule me." So I put on a new suit one cool Monday morning and commenced the battle. The first day it was h—. The second day it was *h*—. The third day it was H—. And to give you some idea of the condition I was in I will relate what I did in the afternoon of the third day. I got up from my seat in the office, suffering agony. I went out into the warehouse, where the thermometer was down to about ten above, and stripped off all my clothes—woolen underwear and all. My skin was fiery red all over and I was burning up, but not perspiring. I stood there naked for fifteen minutes without the slightest feeling of a chill. That night I took woolen from next my skin and never put it back. Now I wear thin summer underwear from one year's end to the other and I am happier, and, best of all, have better health.

I wish to say that I do not believe any human being ought to wear woolen next to the skin. I do not believe any child ought to be clothed in woolen undergarments. And I know that only the finest cotton gowns should be used in hospitals, and I believe they should be washed twice or three times before used at all. I write this not as a complaint but as a statement of facts which, if published, may be the means of doing good to many patients.

I will close by repeating the statement that I do not believe the human race ought to wear wool next the skin and ought never to wear real heavy underwear of any kind. The oldest and best-preserved man I know (93 years of age) told me that he never wore underwear until he was about twenty; never had an overcoat till he was about that same age. I believe that one can keep warmer if there is a chance for air to circulate about the body.

C. A.

Chicago, Ill.

—:o:—

This is a doctors' journal—for and by them only—but once in a while a layman simply *will* come in. And if he can teach us something, why not?

The simple explanation concerning the cause of bedsores is worth considering, though, of course, that is only one of the many little things that the doctor and

nurse should attend to carefully when any patient is confined for some time to the bed. A poor mattress or springs, just a little neglect of cleanliness, will sometimes cause "all kinds" of trouble.

As to the sufferings of the man who can't wear wool, absolutely nothing remains to be said. The language used above is sufficiently picturesque and forcible. But, Brother, don't imagine because you can not wear woolen with comfort that no one else can—nor should. I know of several unfortunate individuals who cannot eat strawberries—but, as Dr. Boteler said: "Doubtless God could have made a better berry, but doubtless God never did."—ED.

## HOSPITAL NOTES

[This paper was prepared some time ago, submitted to the editor of a medical journal and suffered, by him, to repose in a pigeon-hole for fifteen weary months; then resurrected and returned to the writer. What was intended as a graceful acknowledgment for favors received, has been thus delayed, until its appearance at this late date is of questionable propriety. Still, the obligation exists, and is felt as acutely as at the time, so here goes:

The mss. was submitted to an old bear of a surgeon, a veritable Ursa Major, whose running comments will appear as foot-notes, under the appropriate signature of Baloo, the brown bear. The reader will note how frequently the excellence of the article compelled his unwilling admiration!]

—

There's a limit to the possibilities of any and all human endeavor. Ten years' struggle against sepsis results in this: the disease is stale-mated—no malefic microbe dares show his head within the realm, guarded by the faithful garrison of leucocytes, reinforced and invigorated by nucleinic supplies; a zone of death, a veritable deadline has been established around the invaders where the sulphides form an impenetrable circumvallation[1]; the blood is pure and rich—hemoglobin 98, red corpuscles 5,000,000; the nutrition and elimination are maintained sedulously—but—?

Can we project the powers of drugs beyond the circulation and into a collection of dead matter?[2] Here is an abscess beyond the reach of the knife and the germicide-bearing needle. Can we destroy the microbes here, wholly extravascular—beyond blood-vessels and lymph-channels? Even if so, if no living microörganism remains, can we prevent the absorption of dead,[3] chemically-acting toxins into the blood, constituting not septicemia but sapremia?[4]

What then? Is there not a remedy that will meet this condition? Some day we will learn to know more of these toxins, to detect them and to apply for each the proper antitoxin, when the science of medicine has made further progress. As men become accustomed to the application of accurately defined, single remedies, they will learn to look for more accurate definition of pathologic conditions and for remedies more exactly antagonistic to each of these.[5] In the meantime we have to fall back on the old shotgun principle, until science catches up and gives us the needed differentiation. We know that echinacea has the repute of combating the chemical toxin of venoms; that our Gallic *confreres* highly value quinine hydroferrocyanide as an antitoxic tonic; that salicin has also such virtues attributed to it; that pilocarpine overwhelms and extinguishes certain cocci, such as those active in erysipelas, besides causing leucocytosis and being most powerfully eliminating; that the sulphides jugulate all[6] pyogenic processes, and possibly all pyogenic and other pathogenic microörganisms; that nuclein certainly induces leucocytosis, and what more we scarcely know, but that "more" is beneficial. Each of these remedies is somewhat of an approximation to our object—and for want of more precise remedies we unite them all, and fire the whole broadside at once into the patient![7]

And we are bound to say that somewhere in the group there is one effective remedy at least, for the patient improves rapidly. It goes without saying that no essential duty is neglected, that nutrition and elimination are maintained, the daily toilet of

1. ? ? ? ? ? ? ? How?—BALOO.
2. No! No! No! Not even by cataphoresis.—BALOO.
3. If dead are they active? DOUBTFUL.—BALOO.
4. DON'T say sapremia—that's an acute febrile condition; say rather toxemia.—BALOO.
5. Fine!—BALOO.
6. Some?—BALOO.
7. And yet—the patient lives!—BALOO.

the alimentary mucosa carefully made, rest secured, the hygiene of room, house and vicinity perfected, the environment made ideal. This of course includes a trained nurse, carefully selected. How?

Never forget that the attitude of all women workers, until they reach the position for which they are specially created, is one of expectancy. The modern nurse is a treasure—at first. She graduates after an arduous and preposterously prolonged probation, and sets out to occupy her chosen sphere with enthusiasm. Then is the time to catch her—during her first year. By its end the impetus is exhausted, the novelty worn off, and her attitude is that of expectancy. It's full time for the prince to come and awake her with his kiss—she's ready—and whirl her away in a golden chariot to never-ending bliss, the envy of all her former associates. In time this expectancy becomes threaded with an ever-growing anxiety, and apprehension that the prince may have strayed aside; and as time goes by this anxiety merges into the acidity of disappointment. Then—look out!

Meanwhile she gets tired—there is nothing nearly so exhausting as waiting on the sick—and she becomes "experienced." That means, that she gets to think more of herself and less of her patients; gets wise as to her "rights," and as to means of shirking duties and securing undisturbed nights, time for exercise, sewing, reading, gossip, etc.[1] The patient is a sort of uncomfortable but necessary incumbrance yoked to the salary, like a rich old husband who must be endured for the time, until—

Catch your nurse early; if you cannot secure a first-yearling, get a squab—an undergraduate.

*Revenons a nos moutons*: Under the treatment outlined our patient improves. Something in our prescription is "takin' holt;" but it will not remove the pus-collection, dead but not inert, that remains as a constant menace, a potent possibility for evil, a Damocles' sword overhanging our patient's fair head. We must invoke the beneficient intervention of Surgery.

1. Some do—a few are conscientious always.—BALOO.

The operation shows the effectiveness and the limitations of medicine; the tissues too disorganized for recuperation, still sterilized by enveloping the infected area by an impassible barrier, but a vast mass of adhesions, functionless apparatus, useless and encumbering *debris*—the fruitful source of exhausting reflexes and a veritable powder-magazine only awaiting the match.

What a world of skill is exhibited by a thoroughly expert anesthetist. With what rare self-denial he concentrates his attention on his work, excluding all interest in the operation itself. There are few—too few—such men, but Dr. Amerland is one of those few.[1]

It is a study in operative surgery, and in human nature, to see Lanphear at work. The certainty with which every step is taken, every condition presenting is met, the consummate skill[2] that comes of long experience—why can't a surgeon be born with experience, so that the getting of it might be skipped!

The long hours of restlessness, pain, thirst, anxiety, discomfort![3] Why oh, why, do we cling to that monstrosity, the mattress? Drainage surely soils it, and then the discharges in its inaccessible depths securely decompose. It is hot, hard and uncomfortable; a source of danger, and wholly superfluous. Throw it off, and let the patient lie on the woven wire, with only a pair of blankets underneath; and we have an aseptic, aseptable, perfectly ventilated, cool and comfortable, hammock-like bed. The body fits into its yielding surface, and the discomfort is avoided that arises from resting the weight on a few bony prominences only. Let the patient prepare for it by discarding the mattress for a few weeks previous to operation.[4]

Each hour is a stepping-stone toward safety. The swifter current is crossed,

1. Correct.—BALOO.

2. In knowledge of anatomy and of pathology only is a surgeon's skill dependent, plus the self-reliance of experience; boldness often passes for skill (to the unskilled eye).—BALOO.

3. But we don't have 'em with H-M-C.—BALOO.

4. Try it! Oh gee!! Say, you're all right on theory, but unless the patient is light as an angel the wire business is———! —BALOO.

and we reach the shallows—the stones still slippery, but each is passed with lighter heart.

The pulse and temperature creep up, but keep well below the danger point. Much discomfort subsides with the vaginal packing removed.

What a God's gift to man is water![1] A glass of clear, pure, fresh, cold water—a great Christmas gift it would make, if—says the patient—anyone could part with a thing so priceless. She begs for only just one little swallow, but no, it is "*verboten*!"[2] Just to rinse out the mouth; and this is permitted, on her promise to swallow none. So she takes one gulp and rejects it; another, ditto; the third and largest goes promptly down her throat—and with a sigh of satisfaction, as for a deliberate design, successfully carried out, she looks up unashamed and unrepetant, and remarks—"I couldn't help it!"[3]

Is deceit always a sin?[4] The wise old Brahmins said there were five occasions on which a man might lie, without moral wrong accuring—to save one's life was one, and when wooing woman was another—the rest don't matter.

Now comes a stumble—the patient becomes uneasy and restless, vomiting sets in, with the pulse up to 120 and temperature down to 97. What does it mean? Relief comes after an enema, with formaldehyde applied to the visible dressings, which are saturated with malodorous discharges—sapremia?[5] Could this be avoided by employing Hamon de Fresnay's dilatable rubber bags attached by soft catheters to syringes, instead of the ordinary rectal and vaginal packing?

Oh, joy! that the crude theories, born of imperfect knowledge, disappear like mist, when touched by the magic wand of experience, before harm is done. The capillary drainage downward from the peritoneum through the gauze in the vagina brings safety to the patient; when the peritoneal wound is closed, she dies.

The patient has been three days without food, and the stomach sulkily refuses what is offered. It is a delicate problem. Beef soup must be hot and not greasy, junket and albumin-water, of the freshest; milk and eggs. Hot water relieves thirst better than cold.[1]

The restlessness of the patient is mainly due to the dread inspired by her pain—it seems that there must be something wrong, some danger the surgeon has overlooked. As soon as she knows that there must necessarily be suffering after so extensive a wounding, and that it is a matter of endurance for a brief reason, the unavoidable pain is borne with fortitude.

The wise man will seek to establish terms of amity and alliance with the nurses as soon as possible. Not by tips[2]—we never yet could offer money to a woman without assuming a look of guilty consciousness that we felt sure would make her instantly repel the proffer with disdain. But it is the duty and privilege of all mankind to feed all womankind, in the gross and in particular; and fruit, flowers and chocolates appear to suit the hospital nurse nicely. What a dear she is[3]—no pains too great to make the whimpering little bundle of quivering nerves a shade nearer being comfortable. How patiently she attends the wants of a whole floor of querulous women, all demanding attention at once.

The marriage rate is greater among nurses than any other class of women, and justly so. Within three years, as an average, some wise man has recognized the supreme excellence of a nurse's training, as fitting her for the headship of a household, and has induced her to limit her beneficient activities to his own self.[4] Her word must then be taken as law,[5] for She was a Trained Nurse! The prestige thus earned, when carried over into the

1. Or beer!—BALOO.
2. We give it to 'em now with H-M-C—sure.—BALOO.
3. Good!—And frankly, in most cases it doesn't do much harm.—BALOO.
4. Certainly not—How could anyone ever think so? Life is made up chiefly of two ceits: deceit and conceit.—BALOO.
5. NO. Sapremia means a quick fever to 104 or 106—it is probably due to other things than saprogenic bacteria.—BALOO.

1. Fine.—BALOO.
2. O. K.—BALOO.
3. Sometimes too dear!—BALOO.
4. That's no dream.—BALOO.
5. Not after marriage?—BALOO.

woman's true realm, is no slight assistance in establishing and maintaining her rule there.

The Lutheran Hospital of St. Louis is a fair index of the present state of the profession—there is but one strictly medical case,[1] all the rest being surgical. How many women are "drawn" here in a year! (I believe they usually leave the giblets.) They believe in radical operating, and by the time the uterus and appendages, the appendix and gall-bladder, have been removed, the kidneys, stomach, colon and other errant viscera tacked up in place, the balance that is handed back to the G. P. is not very impressive. But don't take this seriously—we entrusted our patient to them and are glad we did. Some weeks we sojourn among the pious Lutherans, and then return to the City on the Lake, with the confident expectation that there she will live happy ever after.

## "SINGEING THE WHISKERS OF DEATH"

A while ago you referred to the "nerve" of the "lungers" down in Phoenix, in a little squib in CLINICAL MEDICINE. I enclose you something apropos of the subject if you care to use it. The first poem was written by a lungers' president (the "president" is usually the one who is nearest the grave) in Phoenix in 1904. He was a friend of my nephew who sent the poem to me, whereupon I wrote the enclosed reply, and sent it to my nephew who gave it to his friend. It pleased him (the "lunger") very much and both poems were published at the time in some Phoenix paper.

### WHEN I AM DEAD!

When I am dead, have passed away;
I'll be a long time dead, with naught to say.
But now, while I am in the clear,
Some small requests I make, my jobbing friends to hear.
Should I pass away "sans burial fund;" no money in my purse,
With care I ask you, raise the cash, that I may ride "la hearse."
For, after that particular day,
I'll be a long time dead, with naught to say.

When I am dead, have passed away,
I'll be a long time dead, with naught to say.
Should a committee go the rounds, let two dollars be the mark.
I always was a thoroughbred and barred "the benches in the park."
I've coughed 'em up from day to day, but smiled with everybody;
Whenever drinks were ordered 'round I was "Johnny with a toddy."
So, when you're out for this special fund, get all; get every cent.
The dough you're after on this hunt plants the "Lungers' President."
For, after that particular day,
I'll be a long time dead; with naught to say.

When I am dead, have passed away,
I'll be a long time dead, with naught to say.
There must be flowers, and, as everybody knows,
The kind that I prefer is the white tuberose.
When you make for the graveyard, go on the run;
Don't mosey along like a man with one lung.
It will please the boys back in the hack.
And I'll not be with you coming back.
For, after that particular day,
I'll be a long time dead; with naught to say.

When I am dead, have passed away,
I'll be a long time dead, with naught to say.
For near fifteen years they've reigned supreme—
Those bugs—led by their festive queen.
Whisky, cod-liver oil and muck I've fed her ladyship;
But now I find at this late date she holds the "biggest mitt."
Any fun that you can have, have it going out;
For, fellows, coming back, you know, I'll not be about.
For after that particular day,
I'll be a long time dead; with naught to say.

?

When I am dead, have passed away,
You all will be puzzled to know
As to whether I went the other way,
Or took the chute for "down below."

"Just cut it out," drain all your cups;
I was never "meet" for roast;
So when the bugs call "Time is up,"
I'll just give up—

THE GHOST.

### WHEN YOU ARE DEAD!

A REPLY TO THE POEM OF THE ONE LUNGERS' PRESIDENT, "WHEN I AM DEAD."

Be brave, O "Ghost!" There's a place of graves
In the Arizona sands,
Where flowers grow the year around that
Were planted by loving hands.
And there through the silvery summer-tide
The white tuberoses bloom,
And drift their fragant petals wide,
O'er many a lunger's tomb.
And when you are there with naught to say,
In the restful years to be,

1. To be sure! All the medical cases are cured by alkaloidal treatment before they get sick enough to go to hospital. Don't you know that internal medication is advancing?—BALOO.

You will have some quiet hours then,
For the T. B's will not bother thee.

Is it unconscious there?
Shall you recognize us, when
We slip the lariat that binds us here,
And drift from the days of men—
Drift out thro' the infinite sweeps of space,
On the surge of immortal years,
And melt in the mighty universe through all
Of its suns and spheres?

"Nay, nay Pauline" it cannot be:
In ways to the wise unknown,
We shall meet and know, as we met and knew
Before our breath had flown.
Though we melt in the mighty universe
Till the endless end shall be,
And live in the white tuberoses and
The blossoms on the tree.

Then why should the tear drops dim
Our eyelids at your tomb?
Why should we hide our faces there where the
Ferns and roses bloom?
It is only a little, little while 'till the last
"One lunger" shall go
Out o'er the rim of the radiant sky, and
Know what "The President" will know!

So when you're dead, have passed away,
And clad in your cerements chill,
We'll jest and drink and frolic the same
As if you were with us still.
For when we look at the miracle
Of starlight and glorious day,
We shall know your soul's still with
Us, though *you* have naught to say.

GEO. F. BUTLER

Wilmette, Ill.

## MEDICAL EVOLUTION

*Dear Doctor Abbott*:

I feel that I cannot let the opportunity go by to thank you for your article, "Medical Evolution, the Need for a More Exact Therapy," published in the October number of CLINICAL MEDICINE.

I have read many able articles from your pen as well as from Dr. Waugh and other contributors, but I do not think that I ever read a more forcible and convincing statement of these truths than those set forth in this one. Strong, logical, yet simple and plain in its language, so that all who read can understand just what the author is driving at, it seems to me to present the truth on this important subject in a way that I have never seen before.

I know that this truth is spreading every day. I only wonder that it spreads so slowly. But it is hard for good men always to get their eyes open to new facts. We are all more or less blinded by prejudices and customs, and strong men are often the hardest to reach; and it has always been so. Truth has had to fight its way to the front, but sooner or later truth will win—has to win. This is such a vital matter. It deals with sickness and suffering, with life and death; and those who have these matters in charge ought to be broad-minded, large-hearted and open-eyed men.

This work which you and you colaborers are doing is a grand and noble one. I am glad that you have so much encouragement; that you have kept at it even when you did not have this encouragement. I am glad that you have that broad-mindedness and patience and the gentleness that thus helps to break down the prejudices that are natural to us all, and so to open the way to the truth and the greater blessing of our fellowmen.

May you, my dear Doctor, and your colaborers, find more and more encouragement as you blaze the way to the best therapeutics this world has ever had.

PAUL F. BROWN.

Jacksonville, Fla.

—:o:—

This is a clean, soul-stirring letter from a fair, square man, and is published, by permission, not egotistically for aggrandizement, but because it mirrors exactly what we are striving with all our might to be and do, that the medical profession and through them the people at large may be the better for our having lived and labored among them. —ED.

## THE "SECRET" OF HIS SUCCESS

I've been using your goods, your methods, your books, your periodicals, your specialities since 1896 and am successful through the use of them. I merely want to remind you that your products are my sheet-anchors and I have in my private room "Abbott's Alkaloidal Digest" and "Waugh's Treatment of the Sick," and when in doubt about my own treatment I immediately refer to these for aid. I always get results. I have been

benefited by using the alkaloidal products and have used H-M-C with wonderful results. I'll try to stay somewhere near your outline of work and progress, and again want to assure you that I owe my success in a large measure to the products of your master-mind. Thus you see I have received my pay for the endorsement of your products and it always gives me great pleasure to put forward the efficacy of your products.

G. S. STAUB.

Dayton, Ohio.

—:o:—

This "secret" is no secret—but something which is open to every progressive man. Do we appreciate words of uplift and cheer like this? Well! I should say we do!—ED.

## MUST WRITE OR "BUST"

I feel that I just *must* write you in regard to my success with alkaloids, for I cannot help telling someone lest I shall "bust," and it is no use to talk to the doctors here, for they will not believe there is anything in alkaloidal treatment.

I have been using alkaloids in a tentative way for about five years, but about one and a half years ago I came to the "mourners' bench" and made a full confession of faith, and have been a member in good standing ever since. If I had to go back to the old galenicals, I should want to quit.

Just a sample case:

March 29, 1907, I was called at 7 a. m. to see Baby F, aged fourteen months. History: The day before he was as well as usual and very playful. During the first part of the night of the 28th he slept well. After midnight restless and supposed by parents to have earache. About 3 a. m. he began to cry and roll his head and the parents treated him for earache with home remedies—hot packs, etc. Fever began to rise about 5 a. m.

When I got there I found the following conditions: Patient very restless—lying on back; pupils irregularly contracted and not responsive to light; thumbs strongly flexed in palms and fingers very tightly clenched upon them; toes flexed one upon the other and feet in extreme extension; general hypersthesia but most marked along the spine; temperature (rectal) 103°F.; pulse 140, bounding; respiration 32; lungs normal; tongue coated; bowels constipated; some tympanites; kidneys acting normally. Marked tendency to bend backward when spinal region was palpated ever so gently. Cried out whenever touched or startled.

Diagnosis: Very sick baby. Prognosis: Will be much sicker if not relieved very promptly.

Treatment: Warm mustard bath and mustard plaster along spine to be removed short of blistering and to be reapplied several times during the day. High enema. One granule each of calomel and podophyllin every half hour, for four doses, to be followed with castor oil, then five granules of cicutine and three of codeine, gr. 1-12, in twenty-four teaspoonfuls of water—a teaspoonful every twenty minutes till resting easy, then every two hours. Defervescent granules, three in twenty-four teaspoonfuls of water—a teaspoonful every fifteen minutes till temperature reached 102°F., then every one-half to one hour as needed for fever.

Called at 6 p. m. Temperature 101°F., pulse 110, respiration 26. Had been resting well since 10 a. m. Bowels acted freely several times; hands and feet straight and normal; hyperesthesia almost gone—could be handled at will without crying; wanted milk, which was allowed.

Diagnosis: Not nearly such a sick baby. Prognosis: Will soon be well.

Treatment: Continued the defervescent as needed for fever, and the cicutine and codeine as indicated. Added intestinal antiseptic, six in twenty-four teaspoonfuls of water—a teaspoonful every two hours.

Next day I heard from him by telephone as follows: Temperature normal, pulse 90, respiration 26, sitting in crib playing—and has been O. K. since.

What do you call this? Did I abort anything or would he have done just as well the old way?

I have used the H-M-C anesthetic in one case of labor, as follows:

Labor pains began at 4 a. m., and I was called at 8 o'clock. Found pains irregular and weak, not much dilation. At 10 os about the size of a dollar. Gave H-M-C (Abbott) hypodermically. Patient asleep at 10:30; pains regular and strong; dilation complete at 12:30, but head did not engage, and at 2:00 p. m. I made high forceps delivery.

Patient did not wake up fully until 5 p. m., but would rouse up and speak occasionally during labor. Says she felt only two pains after getting the H-M-C and remembers nothing of her labor. Next morning she felt well enough to get up if I would let her, and has done as well ever since as any patient I ever saw.

M.

——, Washington.

—:o:—

Doctor, we are *mighty* glad you wrote this splendid letter. Whenever you feel at all inclined to "bust," write again. You can't give us too much of this kind.—ED.

## ANSWER THIS

Doctor, would you prefer to depend on a remedy, in the merits of which its manufacturers have sufficient confidence to spend a hundred thousand dollars or more annually in advertising it, believing that it will come back to them three or morefold, or would you prefer to place your confidence in an imitation product, U. S. P. or otherwise, made by Smith, the corner druggist, or more likely by his $7 a week clerk?

If your wife or child were ill and the medical consultant in whom you placed confidence advised you to get a good beef extract for your dear sick, would you prefer one made by a firm that made a beef extract that had earned a reputation for purity and reliability, or would you take that made by the round-the-corner butcher's wife that all the old women of the neighborhood said was good because they knew how it was made?

Do you think you would retain the confidence of your clientele if they for a moment thought that you were prescribing or dispensing a "just-as-good" remedy, for the reason that you want to be loyal to the Council of Chemistry and Pharmacy who for private reasons refuse to endorse a remedy you know is dependable?

Would you prescribe an imitation of an original pharmaceutical product in preference to the genuine, even though you did not think it equal to the genuine, just because the imitation is found in the "list of non-official remedies?" That's exactly what they want you to do, and if you don't sacrifice the independent principle of your manhood and do as they tell you, you're not loyal.

The standard may shift every day or so, it's up today and down tomorrow, but you're expected to follow it. If you don't you're not true to the colors. That's what you pay your $5 a year for. Get your money's worth.—*Albright's Office Practitioner.*

## HOW THE "ROOTS OF PREJUDICE" WERE TORN OUT IN THIS MAN'S CASE

The roots of prejudice lie deep and often are hard to find. Where I got mine against aconite and veratrum I do not know, unless it was in my veins, derived from long lines of doctors of the old blood-and-thunder kind, that had been among my ancestors since the time of the Mayflower, and may have given to me, as a little boy, a certain feeling of contempt for homeopaths and their "little pills." Never a very violent prejudice, but enough to make me always use "something better and safer," as I have thought, until the past winter.

About three months ago I began using aconitine of the "A. A." brand—"the kind you have always bought"—and have tried it in several cases. I have had no unpleasant experiences with it. In two or three cases the results have not been noticeable, but usually they have been very satisfactory, indeed, particularly so in a case of an exceedingly fleshy woman of about sixty who, whenever ill, has been my patient for the last thirty years.

She is subject to frequent attacks of asthmatic bronchitis—"phthisic" she calls it—and I have used with her most of the ordinary remedies, including digitalin, glonoin, calomel, strychnine, etc., *ad infinitum*, but found that the addition of one granule of aconitine, gr. 1-134, to small powders of ipecac (emetine would be better) and ammonium chloride in syrup, once an hour, gave her more relief than anything that she had ever taken.

During 1904-5-6 I had been working very hard, doing more than a man of my age (I am past sixty) should attempt. Last November I had an attack of grip, which left me all done up: heart weak and everything else ditto, and I have not recuperated during the winter as I should have done. I have felt pretty comfortable when lying on a couch doing nothing, but "down and out" on the slightest exertion, and without any interest in things in general, which is unusual for me.

A short time ago I began to use the triple arsenates with nuclein, and presto, I was well. This is no hoax, nor was it a coincidence. I know too much about people and remedies to be misled in that way. At first I took too much. It gave me excessive heart action, and a tense, full feeling in the head. I am now taking four granules a day, and although I have not fully regained my strength, I feel well, normal, my interest in things has returned, and I am doing comfortably what work I undertake—intend to ride twenty miles on horse-back this afternoon.

This is not the exhilaration of alcohol or cocaine, nor the obtunded sensibility of anodynes, nor even that feeling of well-being that comes from the exhibition of arsenic. I know them all. I feel well all day, sleep well at night, and get up the next morning feeling better than I did the day before. I do not attempt to give the rationale, but in the words of one of old, "I know that where I was blind I now see."

Villa, Va. SIDNEY S. STAUNTON.

—:o:—

Try! That's all. Doctor, don't let prejudice blind you to your own best interests. We believe that the alkaloids and active principles are *the very best of remedies*. Follow the example of Dr. Staunton and put them to the test.—ED.

## IRIDIN

Iridin is a resin derived from Iris versicolor, or blue flag. Felter and Lloyd attribute the virtues to the oil, which forms a constituent of iridin.

The above does not convey any idea of the active principle of Iris versicolor, nor the method of securing it. Perhaps what I mean belongs to medicinal botany and pharmacy instead of the practice of medicine. In order to get dependable remedies, in the early days of my practice, I was forced to go to the fields, find my plant and make my "medicine." It required a knowledge of field botany, which many, if not most, of the younger members of the profession have not studied.

Now as to Iris versicolor. There are three varieties, which can be determined only by examination of the root. The variety rich in iridin has a mottled root, shown only when broken across. When found, the root must be carefully covered at once in semi-liquid mud to exclude the air, and prevent the escape of the volatile principle, iridin.

But dig those roots, throw them into your buggy as you would turnips, be an hour or more getting home, and about forty per cent of your volatile iridin has escaped. Leave your roots in the buggy or elsewhere drying until the following day, and you will then find your resultant preparation about as rich in iridin as would be one made from sawdust. This is another instance in which the fluidextract of commerce, as ordinarily made for prescription work, is practically worthless, having little or no iridin in it. If there is any other way of obtaining a preparation of Iris versicolor, worthy of the name, I am not acquainted with it.

Why should we continue using worthless trash and failing to get the results we should get, when we can get the active principle,

iridin, of known purity, made up in known quantities, and use it with definite knowledge of the results that will follow its administration?

Iridin is one of our most valuable hepatic stimulants, in small doses being a valuable adjuvant to other remedies, as podophyllin, juglandin and calomel, and in larger doses acting as an active cholagog cathartic. According to Ellingwood it is valuable when there is faulty elimination of waste; he recommends it when the stools are clay-colored, urine scanty, skin inactive; it is particularly useful when there is stomach irritation, with liver and intestinal trouble. It is also useful in glandular troubles, as of the spleen, pancreas, thyroid and lymphatics. The homeopaths consider it one of their most valuable remedies in the treatment of sick-headache, especially when of the gastrointestinal type and periodic in appearance.

A. H. SIMONTON.

Chicago, Ill.

## GREATER TEXAS

I note the comments on Texas by Hubbard. Texas has much to be proud of. First, it is an empire in itself. Draw a line from Philadelphia to St. Louis, thence to the northern Louisiana and Arkansas boundary, thence south to the Gulf, thence east, taking in all the Gulf states, then along the Atlantic Ocean to the starting point, and the area is a fair representation of the size of Texas. The possibilities of the state no man can measure. The meteorological conditions are rapidly changing, and the rain-fall is persistently and rapidly pushing west. No better illustration of this fact can be given than in the Panhandle, where but a few years ago land that was then only fit for grazing is worth each year an advance of from twenty to thirty per cent, and is worth dollars now where it was worth cents ten years ago.

Texas on its northern boundaries can grow successfully and certainly all that can be grown in the middle and northern states, and in addition cotton. No man that has not visited the wheat fields of the black-lands belt of Texas can say he has really seen a wheat field. It is not uncommon for farmers to raise 30,000 and 40,000 bushels of wheat in a good year, and I know of one instance where 4,000 bales of cotton were grown in one year on a Rio River valley farm.

East central Texas easily eclipses California in peaches, size, quality, and juiciness considered. We grow figs as a fruit crop, Japanese plums, Japanese persimmons, in fact, any fruit that grows in the northern states, apples only excepted. As to apples here, they can be successfully grown when handled by good orchardists. Our onion beds often yield up to 600 and 700 bushels per acre under irrigation, and from 300 to 400 per acre without. On the Rio Grande we can grow successfully all the citrus fruits. That section, which because of inexhaustible artesian water at from 300 to 500 feet, is each year becoming one of the truck gardens of the world.

The soil is loam, deep and rich. Texas can feed the United States when all her available soil is under cultivation; but Texas never did and never will run more than three-fourths of a bale of cotton to the acre, and cotton is ten cents, and a bale 500 pounds. If God and nature had not done more for these people than for any other state in this Union, verily, many of the farmers would starve to death. I have seen twenty-five bushels of corn made to the acre, where the ground was marked out, the corn planted, and no plow touched the land that season. Farmer Slap-Dash holds the fort in Texas. Each year there is more cotton left in the fields of this state unpicked than would feed Chicago's poor for one solid year.

Do my readers marvel? I am well within the facts. Think of turning a furrow each way and planting corn on the ridge thus made! And yet the soil here is so rich that even this improvident and slipshod farming often yields three-fourths of a bale of cotton of 500 pounds to the acre.

When the fruit capabilities of Texas are developed, California will be glad to culti-

vate the "yellow peril" it so hates now, and send its fruits abroad, as we have both water and soil—an untold advantage in these days of monopolistic transportation. Land here as good as the sun ever shone on can be had now for from five to ten dollars per acre, and in blocks of from ten acres to 100,000.

Now regarding "pistol toting." It is just about as common here as it was a quarter of a century ago; if you don't want to feel the sting and thud of a "45," keep your mouth shut and stick strictly to business. The laws in regard to pistol toting are so poorly enforced in this city that from one to three homicides a week are not uncommon.

Regarding the physicians, hundreds like myself have wandered from other states to Texas. The professional standard here has been low, and we now have registered in Texas professional men from the old-time swamp-rooter up to men of the highest attainments in medicine. A new law will be on in a few weeks. Then a four-year course will be required, and graduation from a reputable college requiring such a course. The one-board system is to supplant the old district boards, no medical cult having more than two representatives. Magnetic healers and Christian scientists are down and out, as they must graduate in medicine before they can practise, and a few courses in medicine usually clear out the mental cobwebs covering their gray matter.

There is no state where the medical man who can rough it has the opportunities presented to him in Texas. But, Sonny, the black lands are just a shade richer in sticky mud than they are in cotton, corn and wheat; be prepared to have buckles to your boots, so they will stick closer to you than the mud, or leave your boots in somebody's mud-hole. The mud will fill up the spaces in the spokes of an ordinary farm wagon till no daylight shines through, and I have seen 5,000 pounds of good muleflesh kept busy in the muddy season hauling an empty farm wagon. However, only a short quarter of Texas is of this class, and the rest has roads of sand, loam and gravel. The sheep-man can still buy good sheep in Texas from $1.50 to $3.00 per head, so just take Bro. Hubbard's sheep and cotton story "*cum grano salis.*"

S. E. McCULLY.

Dallas, Tex.

## SOME GOOD OPENINGS

Just at present we know of several good openings for good alkaloidal practicians—two in Kansas and one each in Iowa and South Dakota. Write us, if you are looking for such a place.

## GREEN APOMORPHINE AND ACONITE POISONING

A short time ago I noted a controversy between you and the editor of *The Journal of the A. M. A.* regarding the merits of apomorphine after it had become "green." I afterwards noted a report published by you of some doctor who had used a specimen that was, if my memory serves me right, five years old. I will go that report one better. I was called to a case, in which the following history was given: Mr. D. was taken sick with what was diagnosed by himself as the grippe. His wife prepared a mixture by adding five teaspoonfuls of tincture of aconite (U. S. P., 1880) to fourteen teaspoonfuls of water. Of this mixture she had, in the course of two hours, given four teaspoonfuls. I saw the patient about fifteen minutes after the last dose.

I administered, hypodermically, apomorphine, gr. 1-3. This specimen I had in my possession thirteen years. It was so green that it was almost black. In less than ten minutes the patient commenced to heave up. He vomited up the contents of the stomach as well as five additional glassfuls of warm water that I got him to drink in the intervals. I stayed with him for a space of two hours after, and noting no aconite effects, left him. He was uptown the next day. The aconite was prepared by a local druggist who only uses the assayed root for preparing his tintcure. I touched the cork of the bottle to my tongue and obtained the

characteristic tingling effect on the tongue. I don't know what the cause of the patient's disability was.

Taking into consideration the effect of aconite on the sensory nerves of the stomach, the coincidence in the giving of the apomorphine and the commencement of the emesis, would it not be reasonable to assume that the apomorphine was the cause of the emesis? Further, are flagellation and the keeping of the body in motion good antidotes for aconite poisoning? I noted this direction on the bottle containing the aconite.

What was the reason that fellow did not get aconite effects from the dose of the first teaspoonful? Time: two hours and fifteen minutes. The tincture was prepared from assayed root by a druggist that is absolutely "cranky" from the care he takes in all of his work.

H. H. CLARK.

Watertown, So. Dak.

—:o:—

The case is in many respects a remarkable one. Possibly the slowness of action was due to the presence of food in the stomach, in considerable quantity. It would naturally be expected that the sensory nerves of the stomach would be paralyzed by the enormous dose of aconite, so that with even such a remedy as apomorphine the action through the nervous system would lose its power. Green apomorphine certainly won out in this case, as it has in so many others. It is strange indeed how these therapeutic superstitions are repeated and rerepeated in our text-books and journals.

The direction to use flagellation and motion in aconite poisoning is certainly very strange. It certainly seems to us not only useless but dangerous. We already have a weak and rapid pulse and feeble heart action. Why then should we try to overwork a heart which is already almost beyond the power of doing any work? The natural method of treatment after emptying the stomach would be to keep the patient as quiet as possible, with the head and trunk lowered, while administering stimulants, of which strychnine, ammonia and digitalin would probably be the best. Warmth to the extremities.—ED.

## HYOSCINE, MORPHINE AND CACTIN COMPOUND FROM THE STANDPOINT OF THE GENERAL PRACTICIAN

This remarkable combination, as a general anesthetic, has been quite thoroughly worked out from the standpoint of surgery and obstetrics. Used alone or in combination with chloroform, its value in major surgery and accident cases has been positively proven. While the above facts are of interest to the general practician, the point that really concerns him is the particular field covered by this combination in general practice. To him the relieving of painful conditions, safely, quickly and pleasantly, is of the utmost importance.

There are certain serious objections to the general employment of morphine, namely, it locks the secretions, often produces nausea and vomiting, and is a habit-forming drug of the worst kind. The combination of chemically pure hyoscine from hyoscyamus and morphine does not perceptibly lock the secretions, very seldom produces the slightest nausea, and its habit-forming possibilities are practically *nil*.

Hyoscine, morphine and cactin comp. (Abbott) may be used for the relief of every kind of pain, and therefore should supplant morphine, or morphine and atropine in the every-day work of the general practician. A fact of the greatest importance to remember is, that morphine in this combination gives anodyne effects two, three or more times as great as morphine alone —also that the full effect of this combination, while at times not so quickly manifested as that of morphine alone, yet is more lasting.

Unless an operation is to be performed, or an accident-case treated, never give more than half a standard tablet (or one of the half-strength tablets) at one time; but this may be repeated every half to one hour until the desired effect has been secured. In very painful conditions, such as gall-

stone (or renal) colic, if the doctor is aware of the amount of morphine the patient will bear, and desires to give 1-4 to 1-2 grain at once, but does not know the patient's resistance to hyoscine, he might well give one of the half-strength tablets, reinforced with 1-8 or 1-4 of morphine. Usually, however, one standard tablet will be O. K. as the initial dose and fully sufficient even in cases that have before required 1-2 to 1 grain or even more to produce relief. The excess-action of this remarkable combination of Dr. Abbott's must be borne in mind at all times. Painful conditions requiring 1 1-2 grains of morphine alone have been relieved by the use of one standard H-M-C with 1-4 grain of morphine additional.

In obstetrical practice seldom if ever should more than one half-strength tablet be used at one time. This to be repeated as needed, using just enough to render the parturient condition quite bearable. When pains are weak or ineffective a 10- or 15-gr. dose of quinine sulphate may be given by the mouth or by suppository. If carried to full anesthetic sleep the forceps should be applied early to avoid possible (but unusual) asphyxia from delay.

We know of no possible complication that can occur from the use of the preparation when it is handled with the same care that should be exercised in the use of any other potent remedy—using small doses at proper intervals until the desired effects are attained.

I am convinced that a careful trial of this combination will cause any man to add it to his armamentarium as a permanent feature for general use in the relief of pain and spasm, to produce sleep, to secure surgical anesthesia when required, and all safely, quickly and pleasantly.

E. G. PAXTON.

Chicago, Ill.

## PUERPERAL ECLAMPSIA

On July 3, 1905, I was called to attend Mrs. H., aged 20, in her first confinement. I found her in easy labor, os dilated to the size of a 25-cent piece, soft and yielding. The patient was cheerful and seemingly in good condition in every way. After an hour or two I again examined my patient and found labor progressing nicely, pains not over-hard and quite natural, os well dilated and bag of waters protruding.

To my surprise, all of a sudden my patient went into a hard convulsion. I immediately gave, hypodermically, morphine, gr. 1-3, with the usual amount of atropine. I chloroformed her and applied the forceps. The second convulsion came just as I delivered the placenta, which was done manually, it being adherent. Passing of the catheter proved the bladder to be empty.

She had never complained of headache or swelling of the feet. Though of slight, delicate build, she had usually enjoyed good health, and her gestation was normal and easy.

At this juncture I gave her a hypodermic of pilocarpine and rolled her in blankets wrung out of hot water to excite diaphoresis. At the same time I gave her one quart of normal salt solution by high enema, the object being to stimulate the circulation and excite diuresis. Soon the third convulsion came, though not so hard or long as either of the others. Of course chloroform was given each time that the convulsions came on. Some three or four hours had elapsed since the use of the catheter, and I tried a second time and got about one ounce of dark urine.

My patient was delirious and quite restless. Hot blankets and a number of injections of pilocarpine had failed to excite perspiration. Her temperature suddenly rose to 104° F., though no convulsions had occurred for several hours. I then gave her two granules of the defervescent comp., which I repeated in thirty minutes, and again in one hour. I also gave one quart of normal salt solution subcutaneously.

The temperature after the third dose of granules, as above named, fell to normal, the kidneys assumed their function and the delirium vanished, rapid convalescence setting in. The patient nursed her baby, and to date, April 1, 1906, is in good health.

In this case I think the good result came from the defervescent compound's so promptly controlling the fever, aiding action on skin and kidneys and sedating the nerve centers. Some good results must be attributed to the use of the normal salt solution; so much fluid placed in the circulation must get out some way and did so through the skin and kidneys.

R. H. ENDICOTT.

Oakdale, Cal.

## ERRATUM

Dr. G. H. French, Carbondale, Ill., calls attention to the fact that on page 519, April edition of THE AMERICAN JOURNAL OF CLINICAL MEDICINE, first column, line 10, "16 ounce" should be 16 per cent.

## GREATEST OF ANESTHETICS

We are living in an age of advancement in medicine as well as in all departments of life, and he who does not hustle today will wake up tomorrow morning looking into space and wondering where his neighbors are who were with him yesterday.

I have been very much interested in your recently discovered hypnotic anesthetic, i. e., hyoscine, morphine and cactin comp. I have used it in a number of operative cases, with very satisfactory results. The anesthesia was perfect, except in two cases where, in addition, I used a very small amount of chloroform, which completed the anesthesia.

I had none of the postoperative nausea which we so much dread following other anesthetics. In one case of weak heart, where I could not use chloroform, the heart's action seemed to improve while under the influence of this hyoscine, morphine and cactin anesthetic.

For about two years prior to using your hypnotic anesthetic I had been using hyoscine and morphine as a hypnotic and analgesic, with such excellent results that I felt that I was not properly equipped without hyoscine and morphine tablets in my hypodermatic case, but had never thought of its ever becoming an anesthetic.

I feel that the medical fraternity is under great obligations to you for the discovery and careful preparation of thi much-needed and greatest of anesthetics, that is proving such a boon to suffering humanity.

C. C. COCHRAN.

Jacksonville, Ill.

## NEGRO IMMUNITY TO APPENDICITIS. A NEGATIVE ANSWER

The following answer is given to Query 5,221 ("Negro Immunity to Appendicitis"), page 544, April number of CLINICAL MEDICINE.

We hear of relatively few cases of appendicitis in the negro, yet he is susceptible to the disease in its acute (catarrhal and suppurative), subacute and chronic forms. I have operated on five negroes for well-defined attacks of appendicitis. In one case of acute catarrhal appendicitis (a female, aged 22 years) the operation was made six hours after the onset of the trouble; the pelvic cavity contained several ounces of inflammatory serum. A kinked appendix was removed. In another acute case (a male, aged 36 years) a fecal concretion was demonstrated at the time of operation. Three years ago I operated and drained a recto-cecal (appendicular) abscess in a colored boy 18 years old.

The following report of two cases of appendicitis was read before the Columbus Academy of Medicine, because of the unusual location of the pain.

Case 1.—Patient, G. B., aged 21, single, colored, coachman; was sent to the Protestant Hospital with a diagnosis of appendicitis, and seen in consultation with Dr. J. F. Jones on the night of August 21, 1904.

*Personal History.*—No appendicitis in family. Patient was reared in the south and had the usual children's diseases. He denies dysentery and enteric fever. Seven years ago he had "inflammation" of the bowels and was confined to his bed for a period of nine days. Three months ago he contracted Neisser's disease, and at the onset of the present trouble was treating himself for the "morning drop." The patient has

led a Wagnerian life, and is not given to gluttony. Constipation is not a factor.

*Present Trouble.*—On August 20 the patient ate an unusually large supper, and during the night had an acute attack of bellyache. He was unable to sleep, and on the following morning suffered intense paroxysmal pains which radiated to the epigastrium and *down the right thigh.* Dr. Jones was called at this time. The bowels were constipated, the abdomen tender and distended, the pulse accelerated and the temperature 101°F. He was treated expectantly, and with improvement, until the subsequent day, when he was sent to the hospital. I examined him on the night of his admission. The temperature was normal, tympany was not marked, and there was but little pain even on deep palpation over the lower right quadrant of the abdomen. The right rectus was not rigid, and no mass could be outlined. The only symptom complained of was a constant (severe) pain in the right testicle. Neither the testicle nor epididymis were enlarged, and the scrotum showed no inflammatory changes. The urine was slightly turbid, contained a few "tripperfadens," and the two-glass test gave a negative posterior urethra.

*Treatment.*—The presence of urethral discharge, together with the history of his having used an injection, led me, in the absence of physical signs, to institute a treatment for incipient epididymitis. In conjunction with this he was given "ice and purgation." The testicular pain was of constant character, aggravated by all movements of the body, and required opium for its relief. The pain persisted for three days and was unattended by swelling of the scrotum, orchitis or epididymitis. There was no rise of temperature; the bowels moved regularly, and the intestinal symptoms disappeared.

*Operation.*—The previous intestinal history, together with a continuance of the pain without local inflammatory signs in the genitalia, made me suggest appendicitis. The abdomen was opened through a McBurney incision, and the appendix located without difficulty. The mesoappendix was unusually short, and the appendix curled upon itself and attached to the posterior surface of a well-fixed cecum. The caput coli was deeply congested; the appendix markly infiltrated. The mesoappendix was treated in the usual way, and the appendage amputated.

*Postoperative Note.*—Recovery uninterrupted. From the time he reacted from the anesthetic (anæsthol), until he quit the hospital on the eighth day, no testicular pain was complained of.

Case 2.—Patient, B. H., aged 42 years, colored, married, janitor.

*Personal History.*—Patient was never sick; is a man of fine physique, and weighs 190 pounds. He denies lues, Neisser's disease and trauma to either the abdomen or testicle.

*Present Trouble.*—He was in the best of health until April 21, 1905, when he sought advice because of "indigestion" and a soreness throughout the abdomen. The bowels were constipated; anorexia was complete; he had headache, and felt sick enough to quit work. Three days later he complained of shooting pains in the upper part of the belly. The abdomen swelled, the pain grew constant, and was relieved, in part, by the taking of enemata. He grew gradually better until the fifth day of his illness, when he was suddenly seized with an intense pain in the right testicle. For the next forty-eight hours the attending physician treated him for orchitis.

I saw him in consultation on the eighth day of his illness. He presented the following symptom-complex: The semi-sitting posture, with the legs flexed, pinched facies and coated tongue. The belly was distended, yet very much less than one would expect to find in even a localized peritonitis. The right rectus was rigid; no mass could be outlined. The rectal examination was negative. The patient said that the abdominal symptoms occasioned no trouble, but that all of his misery was confined to the right testicle. The pain was of a nauseating character, occurred paroxysmally and was excited by the slightest motion of the body or the jarring of the bed. The scrotum was supported on a pillow. The testicle was so exquisitely painful that a satisfactory examination of

the gland was impossible. However, the scrotum appeared of normal size and showed no signs of edema. The temperature was 99°F.; the pulse 110. The bowels had not moved for two days. The urine was negative. A positive diagnosis of appendicitis was made and an operation advised.

*Operation.*—April 29 (at the Protestant Hospital) I opened the abdomen through an incision in the right rectus muscle. The operation was made tedious, owing to the great thickness of the abdominal wall and the distention of the intestines. The appendix was located posterior to the cecum. It was 8 inches long; lacked a true mesoappendix, and was buried for the first three inches of its course in the inner wall of the cecum. The free part of the appendix passed posterior to the cecum, was imbedded in loose cellular tissue and attached to the brim of the pelvis. The appendix was freed and inverted. It was unnecessary to ligate any vessels in the doing of the operation; the oozing from the defect in the cecum was controlled with a continuous catgut suture. The abdomen was closed without drainage.

*Postoperative Notes.* From the time the patient regained consciousness until he left the hospital on the twelfth day he complained of no testicular pain.

*Remarks.*—The cecum occupies no fixed position in the pelvis, consequently the location of the appendix varies, and when inflamed it may be so situated as to cause either a localized or referred pain. The ear y pain and cutaneous hyperalgesia of appendicitis radiates about the umbilicus, or is referred to the epigastrium, because of the distribution of the eighth and tenth dorsal nerves. Intraabdominal pain corresponds to the distribution of the superior mesenteric plexus. In the usual case of appendicitis the pain corresponds to the location of the appendix, the attached portion of which is found on a line drawn from the anterior-superior spine of the ilium to the umbilicus and about half way between these two points.

This point (McBurney's) invariably marks the cecal end of the appendix. This "spot" is painful on pressure because the right rectus muscle is pierced by a twig of the twelfth dorsal nerve in this location. The distal end of the appendix may be displaced to any part of the abdomen. If it extends across the belly, pain will be found to the left of the linea alba. If the organ overhangs the brim of the pelvis, pain is not infrequently referred to the bladder or to the liver, the gall-bladder, or the kidney when the appendage is postcecal and displaced upward. A constant or paroxysmal pain may be confined to the right testicle. This results when the appendix occupies the pelvis and gives rise to irritation of the ileohypogastric nerve, which sends branches to the skin over the pubes and a twig to the external abdominal ring and the tunica vaginalis. Pain occasionally is referred along the anterior crural nerve and becomes localized to the inner side of the knee. The incipient pain of appendicitis is paroxysmal, transitory and colicky-like, or it may be intense and lancinating when the serous coat of the organ is involved. Pain may be preceded by chilly sensations; frequently nausea and vomiting mark the beginning of the attack, which is characterized by the symptom-complex of shock. The cessation of acute pain during the acme of an attack of appendicitis is suggestive of a rupture of the organ.

FRED FLETCHER.

Columbus, O.

## HEMORRHOIDS

Lloyd's specific thuja, full strength, a few drops sent just beyond the sphincter twice a day with a small glass syringe has cured every case of piles (protruding or bleeding) that I have been called upon to treat in the past ten years. Try it, Brothers, and you will be as much surprised as will your patient who has tried "everything."

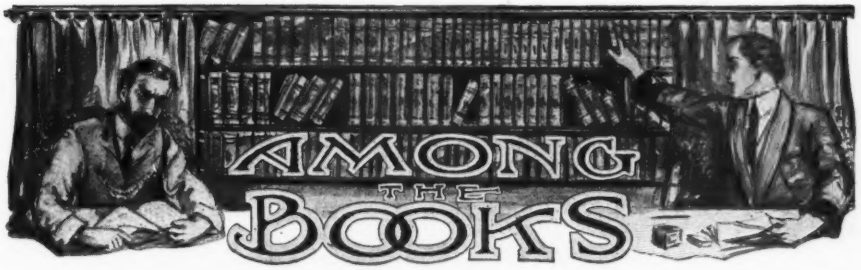
M. ALDEN MOREHOUSE.

Wevertown, N. Y.

## A NEW USE FOR CALX IODATA

I find calcidin almost a specific for muscae volitantes—among its many other virtues.

Lincoln, Neb. J. B. TRICKEY.




## THE INTERNATIONAL MEDICAL ANNUAL

A Year-Book of Treatment and the Practitioner's Index, 1907, Twenty-fifth Year. New York. E. B. Treat & Co. $3.00.

The year of which this book gives a medical account is that of 1906, and in a year of the twentieth century there is much to record of new things, of discarded old ones, and of rehabilitated old things in the sciences and arts of medicine. We find this annual admirably put together for the practical as well as for the theorizing physician. There is a wonderful amount of necessary information lucidly stated in these 644 pages; and going through this annual during the year, besides referring to it on special occasions, will be of incalculable benefit to the studious, progressive and honest physician. Our space is limited, else we should give the table of contents of the book; but we venture to say that it will be difficult to mention a medical subject which you will not find referred to in its index of twenty pages. The real value of the book is utterly disproportionate to the paltry price of it in money.

## GUYER'S "ANIMAL MICROLOGY"

Animal Micrology: Practical Exercises in Microscopical Methods. By Michael F. Guyer, Ph. D., Professor of Zoology in the University of Cincinnati. The University of Chicago Press. Price $1.75.

Every doctor should have a microscope. Those who have not had the advantage of laboratory training and lack the mastery of technic so necessary to secure the best results will find in this book practical help of the most useful kind. As the author says in the preface, it "attempts to familiarize the student with the little 'tricks' of technic which are commonly left out of books on methods but which mean everything in securing good results." We can certify to the truth of this statement; the directions are simple, explicit and complete. There are full directions concerning the methods of preparing and examining microscopic specimens of all kinds, beside a number of valuable appendices, dealing with the construction and use of the microscope, reagents, etc.

## FOREL'S "HYPNOTISM"

Hypnotism, or Suggestion and Psychotherapy. By Dr. August Forel, of Switzerland. Translated from the fifth German edition, by H. W. Armit, M. R. C. S., L. R. C. P., England. Published by the Rebman Company of London and New York, 1123 Broadway, 1906, $2.00.

The name of the author carries with it the reputation of philosophic acuteness (theory) and extensive personal clinical work (practice). Of course the discussions in this book meet the theories and practices proposed, held, or rejected up to the date of issue. Monism is now a term in the regions of mind expressive of a theory in opposition to the hitherto accepted dualism in philosophy, such as Creator and creature, mind and matter. Dr. Forel takes up this theory in the first chapter of the book before us, on "Consciousness and the

Hypothesis of Identity." The question has often occurred to the mind of the writer of these lines, whether modern thinking has not gone too long and too far in the analysis of living beings into matter and spirit or mind, an analysis which was adopted merely for the sake of the better study of either separately. Is it not time now to study organic living beings synthetically? It is in this line that Dr. Forel's book is novel and promising. But it is not an easily read book. He introduces new terms which have to be mastered. We regret not to have the original German book at hand to help us to a clearer understanding of the author from the translation.

### MASSEY'S "ELECTRO-THERAPEUTICS"

Conservative Gynecology and Electro-Therapeutics. By G. Betton Massey, M. D. Fifth Revised Edition. Illustrated profusely. F. A. Davis Company, Publishers, Philadelphia, 1906, $4.00.

It is yet impossible to say that the ultimate either in gynecology, or in electrical therapeutics has been reached. That conservatism in the first is needed, and that further knowledge in the second will help the first is the sentiment of many in the profession, and an up-to-date book, such as the one before us, is an eminent source of information.

### MANTON'S "EMBRYOLOGY"

A Syllabus of Lectures on Embryology. Third Edition. By W. P. Manton, M. D. Publishers, F. A. Davis Company, Philadelphia, 1906, $1.25.

The book is interleaved and thus made very handy for following lectures on this growingly important discipline in a thorough medical curriculum. Embryology is not a mere ornamental subject but an essential one in the study of etiology, physiology, etc.

### THE HARVEY LECTURES

The Harvey Lectures of 1905-06. Publishers, The J. B. Lippincott Co., 1906, $2.00.

The lectures were delivered under the auspices of the Harvey Society of New York, by eminent men of the profession at home and abroad. There were thirteen lectures on: Narcosis, Metabolism, Trypanosomes, Autolysis, Serum Therapy, Neuroses, Fatigue, Uric Acid, Regeneration in man and other Vertebrates, Old Age, Placentation, Tuberculosis and the Heart Beat.

The style of the different lectures is generally easy and attractive and the treatment of subjects instructive.

### BERNAYS' "GOLDEN RULES OF SURGERY"

Golden Rules of Surgery, By A. C. Bernays, M. D., St. Louis, Mo. The C. V. Mosby Medical Book Co., 1906, $2.00.

A very breezy book, full of positive advice by an eminent surgeon of positive ideas. In all such cases we remember and take to heart the advice of the Russian peasant who says: "Ask peoples' minds, and keep your own."

### ZAHORSKY'S "GOLDEN RULES OF PEDIATRICS"

Golden Rules of Pediatrics. By John Zahorsky, A. B., M. D., with an introduction by E. W. Saunders, M. D. Published by the C. V. Mosby Medical Book Co., 1906, $3.00.

An admirable book in matter, language and spirit. The few words of the introduction are words of wisdom. Would to God every young physician might read this book, as it would benefit both him and his little patients if he has any.

### EDGAR'S "OBSTETRICS"

Practice of Obstetrics. By J. Clifton Edgar, M. D., of Cornell University Medical College in New York. Third revised edition, with 1279 illustrations, five colored plates and 38 figures in colors. Philadelphia, P. Blakiston's Son & Co., 1906, $6.00.

This book is designed for the use of students and practicians of medicine. It comprises 1071 pages 7x10 inches and 25

pages of index. The text does not deal much in theories. The work is not written merely *ex cathedra* but from the bedside of the lying-in-room, for the author has extensive obstetrical clinics to attend to. As a book of frequent reference it is invaluable. The mechanical make up of the book is praiseworthy, and the price very reasonable. Altogether a splendid book—none better.

### "DIAGNOSIS OF PULMONARY TUBERCULOSIS"

Une Nouvelle Methode de Diagnostic de la Tuberculere Pulmonaire par la Tuberculine de Koch, Sa Valeur Clinique. Third edition, Paris, A. Poinat, 12 rue Jacob, 1907, 1 franc, 50 centimes.

The authors came to the conclusion after a rigorous criticism and statistics of 8,000 cases, in which the tuberculin was injected, that there is a process of self-immunization in the course of a tuberculous infection.

### WETHERILL'S "HYGROMEDRY"

Hygromedry. By H. E. Wetherill. Fourth Edition, Philadelphia, 3734 Walnut St. Published and illustrated by the author, $2.50.

Medical Hygroscopy is the subject of this treatise. The subject pursued in its minutiæ is intricate enough, but the ingenious author has simplified it so that with his instrument and devices, fully illustrated and explained in this neat little book, the physician should be able to ascertain the moisture of the human body and its surrounding medium. That this accurate information must be an aid to diagnosis and treatment seems to be evident. And yet the subject is comparatively new in clinical investigations. Why so?

### JACKSON'S "TROPICAL MEDICINE"

Tropical Medicine, with special reference to the West Indies, Central America, Hawaii and the Philippines, including a General Consideration of Tropical Hygiene. By Dr. T. W. Jackson, lecturer on this subject in Jefferson Medical College, Philadelphia. One hundred and six illustrations. Philadelphia, P. Blakiston's Son & Co., 1907, $4.50.

The volume is valuable, not only for those who contemplate practising in the tropics, but also for those who practise at home. The widening of a man's views in medicine beyond the accustomed narrow horizon is calculated to enlarge and deepen his appreciation of what is already known in the various departments of our profession.

### SHASTID'S "MALPRACTICE SUIT"

How to Suppress a Malpractice Suit, and Other Medical Miscellanies. By T. H. Shastid, A. M., M. D., LL. B., Marion Publishing Co., Marion, Ill., 1906, $1.50.

The miscellanies are entitled: Gratitude; Spontaneous Recovery; Medical Instruction of the Laity in the Lay Press; His First Cataract; Trials at the Trial Case; Realization of Death; Compulsory Exhibition in Personal Injury Cases; Circumstances under which the Latter can be Ordered. All these are interesting items, and one and the other of it will personally appeal to one and the other of our readers instructively.

### PERRETIERE'S "SINGING VOICE"

Traite des Maladies de la Voix Chantée, Par le Dr. Antoine Perretiere. Paris, A. Poinet, 12 Rue Jacob, 1907, 8 Fr.

This monograph is a very thorough discussion of its subject, the singing voice, and its special troubles, dependent or independent of troubles in other organs of the human organism. Such treatises are rare, and this one is therefore of special value to laryngeal specialists. The eighth and last chapter is devoted to the hygiene of the singing voice, but of treatment...? Perhaps it is better so, for then you can use your own mind, which is just as good.

### MORTON'S "REFRACTION"

Refraction of the Eye; its Diagnosis and the Correction of its Errors, and a chapter on the Use of Prisms. By A. S. Morton,

M. B., F. R. C. S., England. Seventh Edition. Philadelphia, P. Blakiston's Son & Co., 1906, $1.00.

This useful book contains also an astigmatic fan and test letters and sentences. A small book but of big use and value.

### FRIEDENWALD AND RUHRAH'S "DIET IN HEALTH AND DISEASE"

Diet in Health and Disease. By Drs. G. Friedenwald and J. Ruhrah, Professors in the College of Physicians and Surgeons, Baltimore, Md. Second edition, thoroughly revised and enlarged. Philadelphia, W. B. Saunders Co., $4.00.

The authors are intent on improving this valuable and helpful work, and have made use of various friendly suggestions. Like the first edition this second one too is mainly devoted to the dieting of the sick. Starvation is rarely needed in disease, but proper diet is always. That the *materia alimentaria* is almost as important as the *medica* is just beginning to be believed. And we indulge yet the extravagant hope that the coming medical student, not only the nurse, will be instructed how to prepare a toothsome lunch for a patient, that is, when the professors will themselves know how to do it. To the realization of this hope the authors of this work are already contributing some.

### SOBOTTA'S "ATLAS OF HUMAN ANATOMY"

Atlas and Text-Book of Human Anatomy. By Dr. Johannes Sobotta, Professor of Anatomy, University of Wurzburg. Edited with additions by Prof. J. Playfair McMurrich, A. M., Ph. D., University of Michigan. Vols. I and II with 320 and 214 illustrations, mostly colored. Philadelphia, 1906, W. B. Saunders Co., $6.00 each.

Vol. I contains Bones, Ligaments, Joints, and Muscles. Vol. II The Viscera, including the Heart. The deficiencies in other similar works which the author and the American editor have noticed, induced them to prepare "an atlas which would be handy, practical, not too comprehensive, provided with illustrations true to nature, and specially adapted for the use of medical students in the dissecting room." So says the author, and elaborate as the work appears to us to be, from these first two volumes, yet the inexhaustible author has it in his heart to say that "it is not an atlas for the finished anatomist." What must his be then! We do not usually like to say, "Good enough———," but we will say it here and this time, provided the remaining parts of the work shall equal the excellencies of plan and execution of these two volumes.

The unusual amount of descriptive text of this work is a special feature of this atlas and will prove a very efficient convenience in the study of anatomy by the student, or for reference and refreshing of memory by the physician. It is practically an "Atlas and Text-Book of Anatomy," in one, as its title says.

### "ANNALS OF SURGERY"

The June number of the *Annals of Surgery* is to be an "anniversary number." It will be unusually large, filled with epoch-making material, each article being really a "treatise" on the subject considered, and there will be many fine illustrations, a good many of them colored. Among the eminent surgeons who will contribute are A. T. Osgood of New York, Nathan Jacobson of Syracuse, E. L. Keyes of New York, C. A. McWilliams of New York, J. A. Bodine of New York, J. C. Warren of Boston, W. J. Mayo of Rochester, Minn., R. C. Coffey of Portland, Ore., W. K. Keen of Philadelphia, M. W. Myer of Columbia, Mo., George Chandler and L. K. Baldauf. The price of this special number will be one dollar.

### PITFIELD'S "BACTERIOLOGY"

Bacteriology: A Compend including Animal Parasites. By R. L. Pitfield, M. D. One of Blakiston's Quiz Compends. With 4 plates and 80 illustrations, Philadelphia, P. Blakiston's Son & Co., 1907, $1.00.

This series of student's helps for rehearsals and preparations for examinations are well known and appreciated.

# CONDENSED·QUERIES·ANSWERED

**PLEASE NOTE**

**While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.**

## QUERIES

QUERY 5240.—"Criminal Abortion." I would like your advice on a certain matter which has come up four times in my one year of practice. It relates to the matter of interruption of pregnancy. Only yesterday a young fellow came to me, having gotten a girl into trouble and wanting medicine to help the case out. I refused to do so, saying that I did not want the job and that if I could not practise medicine without that kind of work, I would go back to my trade.

A young farmer, married, wanted the same thing done, because he wanted to take his wife on a trip this fall and could not if she should be pregnant. I read him the riot act for about an hour. He said he had seen some other doctors and they said that while they were not anxious for the job, they would do it.

Is my position an extreme one? Is it impossible to attain success in the practice of medicine without doing such questionable work of the character above mentioned?

This subject is not handled in medical colleges. Even in medical jurisprudence the question was not discussed. The subject of emmenagogs was not discussed at any length that I remember.

Competition is severe here, and as I am regarded as an intruder here my competitors grudge me every penny I earn and do not hesitate to criticize me to their patients. The result is a sort of professional lonesomeness.

E. P. S. M., Illinois.

We can only say, as we have said time and time again, the physician who commits murder is hardly likely to be a desirable member of the profession in other ways. There is no medicine that will positively empty the pregnant uterus, as you know. An abortionist, while he exists, is the most contemptible and abominable specimen of humanity conceivable. He would not dare attack a full-grown man but he will, for money, destroy a little, helpless life resting securely in the matrix. Surely a man could hardly degrade himself much more. Keep to your resolution, and if you cannot make a living without committing abortions go into another business. The writer has been through the mill himself and knows that occasionally it is a very difficult matter to refuse these requests, but there is only one thing to do and that is absolutely to decline to place yourself in the position of a hired assassin for people who would without hesitation hand you over to punishment subsequently did it suit their purposes to do so.

We are sorry to hear of your professional loneliness. Get up and out. Doctor; get around amongst people and make them like you. Do not be too dignified but always be selfrespecting and remember that the brightest light must be set on an

eminence if we expect to have it seen. We wish you every success and feel sure that if you will use the active principles and follow alkaloidal methods of practice you will attain success.—ED.

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QUERY 5241.—"Sterility." Send me full instructions for using Outerbridge's artificial impregnator. I wish to use as soon as possible.

S. S., Pennsylvania.

The use of the Outerbridge dilator or wire pessary is very simple. The bend of the wire stem is placed in the fork of the introducer, the arms being held in place by the adjustable slide which is pressed up snugly against the dilator. The cervix is exposed and the wire dilator pushed well up into the canal until the arms are flush with the external walls. A brisk push of the slide on the introducer will release the dilator, and the elasticity of the wire in the dilator will cause it to expand the cervical canal and retain its position. This may be done any time during the day, before cohabitation. Next day the dilator should be removed. Always begin with the smallest size which will retain its position, and remember that the dilator should never be placed by the sense of touch only; see what you are doing. It is well to practice with the dilator and introducer before using it. You will soon catch the knack of expelling the wire dilator from the fork of the introducer, and that is all there is to it. Endometritis must first be cured.—ED.

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QUERY 5242.—"Urticaria." Can you give me a little assistance in a very peculiar and extremely persistent case. The diagnosis is without doubt simple urticaria with manifestations of both large and small wheal type, coming on at any and all times, with or without any apparent cause. The patient is a man, well nourished and of elegant physique, twenty-eight years old, machinist by trade, and he works at it every day unless prevented by an overabundance of "hives," which have not allowed him to sleep. He has a history of no disease except variola, and that occurred about five years ago. Made a good recovery, looks the picture of health and is perfectly well, except for these attacks, which may come on at any time. He may come into my office free from them and in three minutes his back and the palms of his hands and the soles of his feet will be covered with these wheals, which itch intensely, to say the least. A fright or nervous worry may bring them on, and again he may be awakened from a sound sleep with them standing out in ridges on his body. He has been to dozens of physicians with no benefit at all. He came to me about three weeks ago and I went at him "alkaloidally." Cleaned him out with calomel and saline. Suspected intestinal disorder and put him on intestinal antiseptic, one every two hours, and gave pilocarpine for relief. Pushed the latter and kept him on this for one week, without even the slightest decrease in the condition. The second week I deviated from alkaloids a little and gave him calcium chloride in 20-grain doses, three times a day, and strychnine sulphate, gr. 1-30 every four hours, with saline in the morning. No results. Third week calcalith four times a day, salithia mornings and plenty of water, buttermilk and absolute vegetable diet, and still no results. Cannot see that they are due to faulty elimination. He has observed all the minor details of hard bed, cool room, few covers, leisure in eating, diet, etc. Feel safe in saying he has taken nearly all the drugs in the Pharmacopeia prescribed by other physicians, including the opiates, without any benefit, but I am a poor therapeutist in the dope line. Perhaps I am wrong, but I am beginning to think that they must be of neurotic origin and am going to try camphor monobromide and hyoscyamine. Any suggestions you may make I shall be glad to accept.

L. M. G., Pennsylvania.

This is a peculiarly interesting case, though not a remarkably uncommon one. The first thing to do is to secure free elimination. Give blue mass and soda gr. 1-2, xanthoxylin gr. 1-3, rumicin gr. 1-2, every

hour from 7 to 10 p. m., every other night for a week. A full dose of salithia (one teaspoonful in a glass of water), the next morning before breakfast. To insure elimination of uric acid give calcalith, one tablet midway between meals, and exhibit ten drops of dilute phosphoric acid in a glass of water with meals. The sulphur laxative, three granules after meals, will prove an excellent alterative. Should the attack recur swab the affected area with a solution made from the menthol compound tablet (one to twelve ounces of water) to which you may add spirit of camphor 1-2 ounce; or use camphor-menthol. Another excellent application is carbolic acid fifteen grains, spirit of peppermint fifteen minims, zinc oxide three drams, lanolin twelve drams, vaseline one ounce. Be very careful as to diet and have the young man take a thorough sponging off with a carbolated solution of Epsom salt three times a week, following with brisk friction with a rough bath towel. The proportions are, magnesium sulphate one ounce, water one quart, carbolic acid ten minims. Zinc phosphide sometimes acts with almost magical celerity in these cases, gr. 1-67 every three hours for a day or two.—ED.

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QUERY 5243.—"Salivation of Pregnancy." Patient, aged 37, the mother of three children, labors all normal, general health and condition fairly good, neurotic temperament, with frequent pains in her left arm and side at the lower costal region. Patient now in her fourth pregnancy and four months advanced, slight nausea, not any vomiting, appetite good most of the time. The symptom that I wish to call attention to is that excessive flow of saliva will wet her pillow or a large towel at night. She cannot go in company on account of the great amount of spitting necessary to get rid of the saliva. I have used astringent washes of various kinds and given atropine internally but with very little benefit.

N. S. D., Kentucky.

Excessive secretion of saliva is not very uncommon during pregnancy. As a rule it indicates derangement of the nervous system; hence, very small doses of strychnine and atropine valerianate are often promptly efficacious. Cotoin and hydrastin may be given also for their tonic and constringent effect. The chlorates make excellent washes for the mouth but we have found that the colorless solution of bismuth and hydrastis —one part to three parts water, acts best. Keep up free elimination with salines, relieve pressure by having the woman wear a snug-fitting abdominal belt, have the mouth well washed with one of the preparations suggested and exhibit the cotoin and hydrastin (one each) every three hours—between meals—and gr. 1-134 of atropine and strychnine valerianate each hour for three hours before retiring. Make a *solution* of the last-named drugs. Troches of tannic acid are used; the alkaloidal tablet (gr. 1-6) will serve the purpose. Occasionally galvanism over the parotids cures excessive salivation when everything else fails. Inunction of ungt. belladonnæ over the parotid may be tried also.—ED.

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QUERY 5244.—"Hiccough." Patient with marked senile debility has now had hiccough ten days. Any suggestions you can offer for his relief will be much appreciated. He has been sick five months with la grippe followed by double pneumonia, but is over that; but has never recuperated and because of his great physical debility has taken on hiccough. I've been using hyoscyamine, cicutine, monobromated camphor and gelseminine and can give temporary relief, but not permanent. Also, keep bowels open and follow with the sulphocarbolates and give liquid beef peptonoids, eggs (raw) and milk. Occasionally I have to give at night half a tablet of hyoscine, morphine and cactin to secure sleep.

A. C. W., Tennessee.

Hiccough will almost always yield to the following method: Have the patient place his thumbs firmly in the ears and the middle finger of each hand upon the nares so as to occlude both passages, then let him exhale all the air in his lungs and while the lungs are collapsed let him sip nine or

ten separate swallows from a cup of *cold* water held to his mouth by another person. As he takes the last swallow let him release his nose and ears and take a deep inspiration. The writer has never known this to fail even in the most desperate cases. In very rare instances it may be necessary to repeat the procedure. Oil cajuput is also an excellent remedy for hiccough, as is glonoin. We would recommend glonoin one granule hourly for two or three doses, then every three hours with oil of cajuput two minims on a little sugar every fifteen minutes. Small doses of calomel and podophyllin (gr. 1-6 every half hour for four doses) should be given in all cases of hiccough with extreme debility. Do not forget that small doses of morphine and atropine hypodermically may be given as a last resort, but it has been our experience that while it will check the spasm it does not in any way remove or relieve the condition causing it, hence the symptoms are liable to return in six or eight hours. One more suggestion, a small cantharidal blister over the pneumogastric nerve has given excellent results.—ED.

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QUERY 5245.—"Psoriasis?" I have a skin affection on my face and back of my hands for which I have tried everything I knew and all every physician has prescribed for it but still hangs on. It forms in a red blotch, then a dry scale will come on, and to pull the scale off is like a knife cutting, and to press on it feels like a needle sticking. The ones that form on the back of the hands have apparently an "eye" or look like the root of a corn. If, from my description, you can give me some information as to what to call it or what will eradicate it I shall feel very grateful, indeed.

J. F. G., Nebraska.

It is difficult to form a clear idea of the condition from the description given. This looks something like psoriasis, though the depression you mention is peculiar. A photograph together with a couple of specimens removed from the scab might help us out. In the meantime, Doctor, let us suggest the use of carbenzol and lanolin (1 past to three) rubbing well in at night. Calx iodata gr. 1-3; phytolaccin gr. 1-3, stillingin gr. 1-6, arsenic iodide gr. 1-67, nuclein gtt. 2 every four hours, and arsenic sulphide 1-67, may be used in various combinations, as special conditions may indicate. Wash the entire parts affected with a carbolated solution of magnesium sulphate (magnesium sulphate one ounce, water one quart, carbolic acid ten minims) morning, noon and night.—ED.

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QUERY 5246.—"Acne Indurata." I have a male patient, twenty-five years of age, a lawyer by profession, of good habits, who has a thickening of the skin under the left eyelid and over the cheek. The skin is slightly reddened and this condition covers an area of about the size of a "quarter." In the center of this is a hard lump which, when squeezed, lets out a tallow-like mass, spiral or worm-like in shape, about the size of a pin in thickness and as long as an inch or an inch and a half. Before squeezing this out, it tingles slightly, but after squeezing it out it does not bother him for a few days; but it has to be taken out every three or four days or it annoys him. Now what is it? And what shall I do to cure it? This has been there three or four years and it is no larger than at first. This tallowy mass resembles the "pith" that we notice so often in the pores of the young people who have "blackheads," but it is always in the same place and its location is where it bothers him, being just below the lower eyelid on the cheek, about 1-2 inch to the left of the nose. Now, Doctor, I send a small quantity of it in a capsule. But of course, it will harden and dry up so you can't tell much about it by the time it reaches you. But maybe you can give me a suggestion of what it is. He thinks it is a cancer. I don't think so. I have thought of injecting iodine underneath the skin. I believe there is a cyst or a pocket that fills up underneath the skin.

May you continue to prosper in your noble work.

W. H. D., Indian Territory.

We regret to say that the capsule in which the material from the "growth" was placed contained absolutely nothing, and when we say nothing we mean absolutely nothing, not even a trace of anything. You, in your time, have certainly squeezed blackheads and have obtained from them the same thin, tallow-like mass. You simply have here an enlarged follicle filled with sebum, and chronic inflammation of the part; a pronounced and peculiar form of acne indurata. Now, Doctor, here is the remedy: Cleanse the part thoroughly with a sharp lancet, open the growth and thoroughly express the contents, then inject peroxide of hydrogen with a hypodermic syringe and blunt-pointed needle. Wash out the foam and debris with warm boric acid solution, then inject plain warm water and with a little cotton on the end of a broom straw or probe swab the cavity; now dip the cotton in pure carbolic acid and swab again, and in about a minute neutralize with alcohol on fresh cotton. Dress with a little carbenzol ointment or any antiseptic astringent and we think you will never be troubled further with that growth. Give the man calcium sulphide one every two hours while awake for two days and three or four sulphur laxative granules after each meal for two weeks.—ED.

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QUERY 5247. "Amenorrhea." The patient is 25 years old, married, and has always had good health. In June, 1904, the first and only baby was born. It died four days later from foramen ovale failing to close. She remained in bed ten days and then gradually assumed her house duties. Three days after the birth her breasts filled with milk. Before she became pregnant she menstruated regularly but the flow stopped during pregnancy. In August, September and November of 1904 she was unwell and then it stopped and she was not again this way until November, 1905, one year since her last period. Since November, 1905, she has not been unwell. Examination shows no torn parts, uterus normal in size, and in its proper position, no uterine or vaginal discharge and in fact everything is normal so far as I am able to determine. Since her child was born she has grown fleshier, and she now weighs 165 pounds. She seems to be in the best of health, except for an attack of lumbago this winter. She is anxious for a child but thus far has been unsuccessful. Is it possible to cause a return of the menses and if so, how? What causes the amenorrhea? Is it the menopause.

E. N. F., Ohio.

Do we understand that this patient is *twenty-five* years old, or do you mean forty-five? The menopause does not set in at twenty-five, but, Doctor, it is a fact that some women cease to menstruate after the birth of a child. The writer is personally familiar with a case in which a woman who menstruated regularly up to the birth of here infant, nine years ago, ceased to menstruate after the child was born and has never menstruated again to this day. She is practically in perfect health, bright, cheerful, plump and quite as womanly as other women, the only peculiarity about her being a total suppression of the menstrual function. The most careful and repeated examinations failed to reveal any cause for the amenorrhea. She says that her mother ceased to menstruate at the birth of her third child at thirty, did not menstruate again until thirty-nine when she had another child and never menstruated again. The anomalies of menstruation offer an interesting study. We would suggest that you try dilatation of the cervical canal, the triple arsenates with nuclein, two after meals, and hot douches morning and night for three to four days at twenty-eight day intervals, trying thus to establish the catamenial period. Potassium permanganate, one granule, should be given four times daily during these three days.—ED.

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QUERY 5248.—"Alopecia Areata." I have a case of alopecia areata of seven years' standing, in a male 35 years old. I have just counted fifteen patches varying from the size of a dime to that of a quarter. His occupation is farming and sheep raising. I succeeded in restoring a growth of hair to

his head once by counter-irritation, but it all came out again, and he is now worse again than ever. Can you help me out any? I will be glad to try anything you may recommend. G. B. D., Missouri.

We suggest that you wash the scalp thoroughly with carbenzol soap three times a week and rub in, morning and night, the following lotion: Mercury bichloride 20 grains, glycerin 4 fluid ounces, dilute alcohol one pint. After one week use the following: At night only, after shampooing with carbenzol soap; pilocarpine hydrochloride 30 grains, quinine hydrochloride one dram, lanolin one ounce, petrolatum one ounce. Internally give one granule of pilocarpine three times daily, sanguinarine one granule, strychnine phosphate one, half an hour before meals and sulphur laxative, three granules after each meal. Keep the bowels open with saline as may be needed and the skin of the entire body active with salt sponge baths every other night.—Ed.

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Query 5249.—"The Question of Dosage." I got very disagreeable symptoms in a patient of mine today for whom I prescribed 1-6 grain quinine hydroferrocyanide granules, two to be taken every hour. I don't know if the poisonous symptoms were due to overdosage or idiosyncrasy. The patient had taken only twelve of the granules when she took very sick and vomited profusely, perspired freely and exhibited symptoms of shock and collapse. She afterwards broke out with a rash over the entire body.

E. T. K., Nevada.

We can only say to you as we have said generally so many times: there *can* be no fixed "dose table" of the alkaloids. There is no maximum or minimum dosage in positive therapeutics. The smallest known-to-be effective dose (usually represented by the standard-size alkaloidal granule) is given at varying intervals, to effect—remedial or physiological. If the physiological action of the drug is apparent before results are obtained it is a positive evidence of faulty medication. We have not diagnosed closely enough or have we selected the wrong remedy. Quinine hydroferrocyanide, Doctor, is usually given in 1-67 grain doses and multiples thereof. The 1-6 grain dose is the largest safe one and certainly 1-3 grain of quinine hydroferrocyanide every hour would be likely to cause trouble. The 1-6 grain granule is offered as a convenience to physicians who have to deal with malarial toxemias. Here one or two *full* doses of quinine hydroferrocyanide are often desirable. Where you see a drug offered in granules containing 1-67 grain you may look upon that as the "smallest known-to-be effective" dose and you can readily realize then that 1-6 grain will be under most circumstances a very large dose. However, Doctor, there are often circumstances in which 1-6 grain would have to be given at intervals to *effect*. The patient and the pathological conditions present in his system control dosage.

Have you a copy of the "Text-Book of Alkaloidal Therapeutics?" If you have not, let us suggest that you procure this book at your earliest convenience. You will find it of constant service and an ever-present source of information in time of doubt or difficulty.—Ed.

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Query 5250.—"Meniere's Disease." Kindly let me know what is the best treatment for Meniere's disease. I have a patient here and have tried the quinine treatment but it makes him feel worse than ever and he refuses to take any more.

L. S. H., Ontario, Can.

Meniere's disease is not always easily recognized, true aural vertigo being really rare. Many cases of supposed aural vertigo have been found to be really due to hepatic or ocular disorder. In all cases clean out and keep clean the alimentary tract. Stimulate organic activity and see to it that the aural, buccal and nasal cavities are kept thoroughly cleansed with an alkaline antiseptic fluid at body temperature. Drop into each ear one drop of this fluid each night and morning: $H_2O_2$ ten drops, glycerin (pure) five drops, water five drops. Mix. Give the patient pilocarpine one granule every three or four hours, or to mild diaphoresis in acute cases. Where congestive conditions exist glonoin one

granule at equal intervals will prove of benefit. Nuclein, ten drops, under the tongue morning and night correct errors of refraction with properly fitting glasses. You cannot well do more than this unless you are thoroughly familiar with the ear and possess apparatus for local treatment—massage etc. —ED.

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QUERY 5251.—"Cancer of Breast." I have a case of cancer of the left breast which I am treating. I would like to know if you can suggest a special remedy in paste or liquid form for application to remove cancer or a special preparation for burning or destroying cancer.

S. H. S., Ohio.

We will give you an excellent formula, one which has proven efficacious in many cases: Arsenous acid one dram, pulv. acaciæ one dram, cocaine hydrochloride five grains. Mix thoroughly and after cleansing the part with peroxide of hydrogen and warm boric acid solution apply the thickness of a dime over the entire effected area a paste made of this powder, about the consistency of butter. Cover with a piece of lint, plenty of cotton and a bandage. Pain may be severe and require a hypodermic of morphine or chloral per rectum. In twenty-four hours remove the plaster and apply, for several days, warm poultices. The glycerin and earth pastes of the market are splendid for this purpose until the eschar sloughs away. The writer has used poultices of slippery elm, adding fluid extracts of echinacea and thuja with great satisfaction. As soon as the mass is removed cleanse thoroughly and apply gauze soaked with bovinine, changing the dressing several times daily and as the wound granulates up make several grafts, removing the skin from the outer aspect of the patient's arm or thigh. Internally give small doses of thiosinamin, condurangin and chelidonin every three hours and nuclein ten drops hypodermically morning and night. Arsenic iodide is unquestionably of some service and one granule may be given after meals. Maintain nutrition and keep up elimination. We think perhaps that these remedies are the most useful of all those at present at our disposal, but why do you not remove the cancerous area promptly?—ED.

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QUERY 5252.—"Pulsatilla in Diabetic Cataract." Can you tell me if pulsatilla is of any benefit in a diabetic cataract? I have a case in which both eyes are involved; sight is almost lost in the left eye and greatly diminished in the right. Potter mentions pulsatilla as being used in this condition. Would like to know more about the drug but have not much of a library for reference. I would like this to go before the readers of CLINICAL MEDICINE for suggestions.

The case is a boy fourteen years old, much emaciated and has worked in a cotton mill since he was able.

P. H. M., Rhode Island.

The homeopaths use pulsatilla quite largely and we believe it has been given in diabetic cataract in small, very small, doses. We do not find, however, pulsatilla recommended for this particular condition in any of the works on our shelves. Anemonin, the active principle of pulsatilla, will probably serve you best. We would suggest that you address Boerecke and Tafel, New York and Chicago, and ask them to name the homeopathic writers dealing most fully with pulsatilla. Anemonin is generally used in amenorrhea, dysmenorrhea, bronchitis, catarrhs, etc. In small doses it stimulates the cerebral functions and tones the sympathetics, increases cardiac power, slowing the rapid weak pulse of nervous prostration. *Webster* in his "Dynamic Therapeutics" credits pulsatilla with a favorable influence over diseased synovial membranes; in crural phlebitis, varicocele, ophthalmia, earache of children (locally), black eye, etc., and Merrell says it is useful in styes. Van Renterghem says anemonin benefits commencing cataract, corneal leucoma and commencing atrophy of the optic nerve. In ocular affections anemonin may be used locally and internally. If you test this drug in the particular case under discussion will you kindly favor us with your experience.—ED.

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QUERY 5253.—"The Wrong Way to Use Saline Caulophyllin In Labor." I find the

following difficulty in using saline in malarial fevers, pneumonias, etc. In this country at least it is not active enough, frequently taking a whole can in each case to move the bowels. A heaping teaspoonful every two hours has no effect and after two or three tablespoonfuls every two hours until half a box has been given I may have to follow with plain epsom salt. Another difficulty is in getting children to drink enough of it to do any good. Some of these people will take five to ten compound cathartic pills (U. S. P.) and then half cup of epsom salts "to clean out." But I get good results (generally) by giving adults three calomel gr. 1-6, one podophyllin gr. 1-6 every two hours, followed by epsom salt after eight or ten doses.

Have the editors or CLINIC "family" ever noticed that hemorrhage follows the use of caulophyllin in obstetrical cases? It has a nice effect in rigid os, but I have severe hemorrhage in nearly every case where it is used. I do not often have hemorrhage when caulophyllin is not used.

G. W. W., Texas.

The saline laxative is not intended to act as a purgative. In the various diseases you mention give an active cathartic, say, podophyllin gr. 1-6, calomel gr. 1-6 (adding bilein when indicated) at hourly or half-hourly intervals for four to six doses. Two or three hours later exhibit a heaping teaspoonful of the saline laxative in a glass of water to flush the intestinal tract. After this a teaspoonful of saline twice a day will usually suffice to keep the bowel open. We are constantly pointing out these facts; saline laxative is *not* a purgative, is not intended to be given alone to produce primary catharsis. Children will take "saline lemonade" greedily. To prepare it, dissolve a teaspoonful in a glass of water, allow effervescence to subside, add sugar and lemon juice to taste and let the child drink all at once or as much of it as he desires at a time. Even babies will take this from a bottle. The writer and hundreds of busy practicians recommend its use daily and it is taken with infinite satisfaction by the little patients.

We know the kind of people you have to deal with and many other physicians are combating similar conditions. Meet prejudice by stroking your patients the right way and you will find that the alkaloidal system wins every time. The calomel, podophyllin and bilein tablet is the best formula for use in stubborn cases, one at eight and another at nine will do the work, especially if a saline is given the next morning before breakfast.

Your query relative to hemorrhage following the use of caulophyllin interests the writer considerably. We never have had unusual hemorrhage follow the use of this drug. Of course too large doses must not be given, 1-6 of a grain every fifteen or thirty minutes for four doses will usually suffice, and as soon as the placenta is expelled a full dose of ergot should be given to secure contraction. Caulophyllin is moreover *the* great remedy for difficult labor, one or two granules three times a day for several weeks before delivery almost invariably insuring an easy and speedy confinement. We publish your statement, however, to see what the experiences of our readers have been.—ED.

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QUERY 5254.—"Phlegmasia Alba Dolens." What remedies do you recommend for "milk leg" of sixteen years' standing? Sore place just showing up above the ankle, and when patient is on her feet much there is some blood exudation. Varicose veins in part of foot and ankle. Leg is hard and swollen as far up as the knee; pains patient very much. First time it has given any trouble to speak of.

W. C. W., Oklahoma.

We cannot quite gather from the brief description the general condition of patient. Elimination of course is the main thing here but in order to medicate successfully we must know something about the condition of the vessels, organic activity, etc. You will find, however, that small doses of hamamelin and aesculin (gr. 1-6 each) alternately every three hours together with the dosimetric trinity (one granule) morning, noon and night will do much toward

equalizing circulation. Eliminate with calomel, podophyllin and bilein one full dose at 9 p. m. every third night, followed by saline the next morning. Sponge the affected leg with the following solution at body temperature: Extract of hamamelis 2 ounces, solution of magnesium sulphate (carbolated) 20 ounces. To make the latter take twenty ounces of water and pour it on one ounce of magnesium sulphate, and five drops of carbolic acid. Mix the two solutions and apply on compresses. Cover with flannel and over all place an elastic bandage. Very small doses of hyoscyamine may be given from time to time to relieve pain. If you will send us a specimen of this woman's urine and more complete description of physical conditions we shall be able to help you further.—ED.

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QUERY 5255:—"A Dental Case." Man of 44, rural mail carrier; habits good; had appendicitis eight years ago. Family history good, no history of malignant disease. Complains of soreness of left edge of tongue and of roof of mouth. No teeth in upper and only six (incisors and canines) in lower jaw. Pain of a dull, burning character, and a roughness of the parts are the only complaints this patient makes. Duration a little over three months. Patient neither smokes nor chews. Examination reveals nothing: normal condition of all the parts and tissues, nor is roughness to be felt by the examining finger.

M. H. C., Michigan.

We would suggest that you have the gums carefully examined by a dentist. It may be possible that the teeth are causing the trouble and that this is a simple glossitis, though it may be a neuritis. It is rather a peculiar case and without a clear conception of the conditions generally and locally it is practically impossible to make a diagnosis or give practical suggestions. One thing we do know, we would "clean up" this man thoroughly and then maintain organic activity and thorough elimination. Stimulate the skin by giving salt sponge baths every second or third day followed by brisk friction with a rough towel. You will probably find small doses of the trinity three times a day with anemonin, gr. 1-6, macrotin gr. 1-6, every three hours efficacious. We would also have the mouth well flushed with the following solution: Epsom salt one ounce, water one quart, carbolic acid twenty minims. Examine very carefully once more. We feel convinced that you will hit upon something which will explain conditions. How about the rectum? Is it normal and what about the urine? Has it been examined? If not, send us a four-ounce specimen taken from the entire amount passed in twenty-four hours, stating amount passed. Do not forget that sometimes collection of wax in the ear cause pain in the tongue, owing to the connection of the lingual and auriculotemporal nerves, which both belong to the third division of the fifth. The absence of all signs of inflammation and existence of pain in one side of tongue and roof of mouth would lead us to examine the nasal and aural cavities minutely.—ED.

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QUERY 5256.—"Cutaneous Horn." Man, 44 years old, family history good, no cancer, syphilis, tuberculosis or anything else. His health has always been good; does not know what sickness is. Twelve or fifteen years ago he noticed all at once that the cartilage of the right ear was as stiff as a bone (at the anthelix) and has remained so. There never was pain to it. His ears had been frozen many times before and have since without bothering him, except the usual discomfort of a frozen ear. A year ago a little pimple appeared on the helix. He picked it with his fingers and some pus came out. The pimple dried up as a common a pimple would, but left a little lump with the form of a cone, 1-8 inch diameter and nearly as high. This was burned once, cut once, and is still back again. This little cone-like body scales off every month, just little white squares looking like dandruff. I would like to know if it is cancerous or not. As said before, the anthelix is just as stiff as a bone, but smooth, the same thickness as the one

of the other ear; no soreness to pressure, just seems as if cartilage had ossified. The rest of the ear is in perfect order.

D. L., North Dakota.

It is almost impossible to offer a diagnosis upon the data furnished. It would be wise for you to excise the cone or at least a slice of it and send to the laboratory for microscopical examination. The piece of tissue must be large enough to show cell arrangement. If the ear is cancerous, the sooner it is extirpated the better. If on the other hand calcareous degeneration alone exists, you need not trouble yourself about the case. *Cornu cutaneum* is the probable diagnosis.—ED.

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QUERY 5257.—"The Peculiarities of Picrotoxin." Let me ask for a little information concerning picrotoxin. Your list gives its action as similar to that of pilocarpine, in that it stimulates sweat-glands, etc. I have used the remedy about twenty-five years and have always been taught previously that it is, as I have found it, antihidrotic—in fact, the best of remedies for arresting perspiration. Your information will be very welcome.

P. C. P., Missouri.

Picrotoxin in many ways resembles pilocarpine. The skin is powerfully acted on by full doses, hence picrotoxin ranks among the most active diaphoretics. The urinary excretion is also increased. However, Doctor, you are right as regards the efficacy of picrotoxin as an antihidrotic in the night-sweats of consumption. Merrill had but one failure in twenty cases; 1-180 to 1-60 of a grain being given at night. The effect lasts several days. We would refer you to any modern work on materia medica or to W-A Alkaloidal Therapeutics for further and detailed information. The action of the drug is on the medulla chiefly, the cerebrum and cord being unaffected. The marked rise in vascular tension is due to centric stimulation. As the night-sweats of phthisis are due to enervation, you can see why a remedy otherwise acting as a sialagog and diaphoretic exerts an antihidrotic action here. These dual actions of drugs are of great interest and should be more fully understood.—ED.

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QUERY 5258:—"Electrical Apparatus." I would like to inquire of the CLINIC "family," from doctors who have had experience or definite knowledge from the experience of others, generally speaking, has it been proven to be a good investment to put in electrical and similar apparatus? The reason I inquire is because I have been told by disinterested physicians that certain doctors had really less work or no more than before putting in expensive apparatus. The dust-covered machines in other offices confirmed this opinion. Undoubtedly several doctors are in position to advise from experience and several would be glad to know these opinions based on experience.

S. H. R., New York.

This is a matter on which many of the readers of the CLINIC have had experience, We will ask them to give it for the benefit of this brother.—ED.

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QUERY 5259:—"Antitoxin for Goiter." Have you any experience with diphtheria antitoxin in exophthalmic goiter? I have a lady who is suffering with all the bad symptoms of this disease. I am now commencing electricity and with every other means at hand; and if you can suggest anything besides those in the books I would like to have it. I am also using the hypodermic injection of iodine.

H. J. N., Pennsylvania.

We have had no experience nor have we heard of anyone who had. Quite recently we note in an exchange a successful application of antitoxin for bronchial asthma. One of our Iowa friends reported at the State Society meeting last year, remarkably good effects in exophthalmic goiter from clearing out and disinfecting the alimentary canal. In the early stages we would add to this basal treatment the use of veratrine to control the circulation. In the late stages, when hypertrophy has passed its limit and the circulation is failing, we would substitute some one of the heart tonics, probably sparteine.—ED.


SHOULD KNOW.—But, gentlemen, should not a physician, prescribing for a child, know?—Bok, *Ladies Home Journal.*

THERAPEUTICS.—The bane of the present day profession lies in the field of therapeutics in more ways than one.—*Jour. Mich. S. M. S.*

PNEUMONIA.—We should treat pneumonia, not watch it, nor merely drug it. Drugs are indispensable auxiliaries.—Ewart, *B. M. J.*

PROSTITUTION.—Ravold says that prostitution can be neither eradicated, regulated nor controlled.—*St. Louis Medical Review.*

COCAINE LANGUAGE DELIRIUM.—Delirium of the language centers is so far as known pathognomonic of cocaine taking.—Crothers.

GLYCOSURIA.—A fine study of the refractive changes dependent on glycosuria, by Gould, appears in the *Medical Record* for April 20.

SNAKE BITES.—Davis (*Med. Council*) advises local use of coal oil for snake bites, holding the wound in the oil for two hours. Any comments?

VENEREAL DISEASE.—Behind the problem of prophylaxis in venereal diseases towers the question of prostitution.—Ravold, *St. L. Med. Review*

CAULOPHYLLUM.—Hewett (*Ellingwood's Ther.*) speaks of cáulophyllum in scarlatina maligna. Give caulophyllin freely if you trust to it at all.

THERMOMETERS.—If a clinical thermometer survives more than a year it should be retested and the necessary corrections noted.—*Medical Record.*

COCAINISM.—A cane dealer says that those who buy loaded or sword canes are cocainists, fearing sudden assault.—Crothers, *Medico-Legal Journal.*

NEGRO BRAIN.—Bean rightly states that no amount of training will cause the negro brain to grow into the Anglo-Saxon form.—*American Medicine.*

TYPHOID FEVER.—But remember there are two things necessary to poisoning: not only the poison but a person apt to be poisoned.—*King Chambers*, in 1861.

CATARACT.—For cataract Bourgeois advises potass. iodide solution, 2.5 per cent, as a local bath, with an eyecup, in the incipient stages.—*Rev. Franc.*

GLYCOSURIA.—Widal and Challamel deny the efficacy of high frequency currents in glycosuria, after methodic study under exact conditions.—*La Trib. Med.*

EDDYISM.—R. C. Armstrong, of Fort Worth, is publishing a powerful expose of Eddyism in the *Texas Courier-Record of Medicine*, for March, April and May.

WHAT KIND OF A PATIENT?—It is as important to know what kind of a patient the disease has got, as to know what kind of a disease the patient has got.—*Moxon.*

TEMPERATURE VARIATION.—The temperature may vary during the twenty-four hours through a range of 3.6°F., under perfectly normal conditions.—*Medical Record.*

ECLAMPSIA.—Operation may be by Cesarean section, mechanical dilation of the cervix, multiple incisions, or the last two combined.—Mosher, *Jour. Kas. M. S.*

HEART TONIC.—As a heart tonic in the late stages of pneumonia Markley recommends strychnine arsenate, digitalin Germanic and cactin, aa gr. 1-100.—*Ther. Digest.*

BACKACHE.—Rose (*Med. Brief*) says backache is often due to vertebral periostitis, confined to one process and relieved by leeches and iodine locally and iodine internally.

MAGNESIUM SULPHATE LOCALLY.—H. Tucker praises magnesium sulphate in saturated watery solution as a local application to relieve pain, especially inflammatory.—*Ther. Gaz.*

UNDRAWN CHICKENS.—Crockett has found a gruesome array of bacteria in the flesh of undrawn chickens, unmistakably derived from the contents of the intestines.—*N. Y. S. J.*

DOSAGE.—I have never found any means fo determining what the dose of each drug should be, except by observing symptoms and watching results of drug administered.—J. C. Hill, *Ther. Digest.*

VITILIGO.—Aronstam reports a case cured by thyroid extract, adrenalin and a little arsenic, all given persistently.—*Detroit M. J.*

WANT IT.—Frank Reilly terms smallpox "the optional disease," since nobody need have it unless he chooses to be an antivaccinationist.

FREE AD.—The American Philanthropical Society seems to be out for a free ad in a slick proposition in the way of a "clipping." Look out!

STOVAINE.—Many reports seem to indicate that stovaine is rapidly replacing cocaine as a local anesthetic, safer and as effective or more so.

STOMACH WASHING.—A short time ago we were out of fashion because we did not wash out the stomach of every patient. How is it now?

ACUTE RHINITIS.—I think that tr. euphrasia, gtt. 2 to 3 every hour, is of some benefit in the early stages of watery secretion.—Morse, *Detroit M. J.*

STERILITY.—Merrill (*Boston M. & S. Journal*) says that the x-ray will induce sterility in the male, painlessly, without impotence. Don't tell the women.

FRECKLES.—If persistently applied hydrogen peroxide will bleach out freckles. Or $HgCl_2$, 1 to 500, applied daily till it irritates. *Med. Summary.*

PLEURISY.—Chapin reports a pleurisy cured by repeated washing of the cavity with formalin, 2 per cent solution in glycerin.—*Boston M. & S. Journal.*

TETANUS.—Donald MaCrae of Council Bluffs says that they are in fear of tetanus there whenever they have an open wound to treat.—*The Railway Surgical Journal.*

PAPER ON SHOCK.—The *Southern California Practitioner* for February contains a valuable paper and discussion on Surgical Shock that is worth sending for and studying.

GETTING RESULTS.—Therapeutic results can only be obtained as the vital act of the organism —the drug is only a fuse—and may miss fire if its vitality be disabled.—Ewart, *B. M. J.*

SKIDOO?—W. P. Northrup orders the "23-hour treatment," to make people comprehend his insistence of continuous fresh air. Bad idea—they will say he wants the patient to 23.

PREMIUMS.—*The Boston Medical and Surgical Journal* offers either Cabot's "Case Teaching in Medicine" or Austin's "Clinical Chemistry" as a premium with a year's subscription for $5.00.

WHICH IS BEST?—Constipation may be relieved by about ten dollars' worth of massage and other "physiologic therapy" almost as well as by a cent's worth of salts; but the ten dollars is worth more to the doctor perhaps.

A GOOD TEXT.—"No nostrums bear our label" is a text that hits the nail on the head, says the *Texas Medical Journal.*

WANTED—A BATH-TUB!—McKee says he was called up one cold night and asked to lend his bath-tub for a negro who was dying and wanted a bath!—*Lancet-Clinic.*

GOOD MAN "GETTING THERE."—E. S. McKee has been made a member of the N. Y. Medico-Legal Society and an editor of the *Medico-Legal Journal.*—*Lancet-Clinic.*

STOVAINE.—Schwarz finds the urine of patients anesthetized by stovaine in the spinal canal to indicate nephritis, the albumin and casts sometimes persisting until the eighth day.—*Zeit. f. Chir.*

COUGH.—For the early cough of acute bronchitis Butler advises morphine and tartar emetic aa gr. 1-100, emetine, gr. 1-500, and pilocarpine, gr. 1-250, one or two granules every half to one hour till effect.—*Lancet-Clinic.*

A POPULAR PRESCRIPTION.—George Ade suggests this prescription for medical board examinations: Ice, simple syrup, Angostura bitters, one jigger of booze, ditto of vermouth, one cherry. Name the chemical title.

POST-ANESTHESIA NAUSEA.—"The distressing nausea and vomiting that so often follow the administration of ether and chloroform."—Wootton, *J. A. M. A.* Why doesn't he use H-M-C, and do away with this difficulty?

CHLOROFORM AND PHAGOCYTES.—Rubin (*J. A. M. A.*) shows that alcohol and chloroform markedly interfere with the phagocytic action of the leucocytes, and that this powerfully favors the invasion of microorganisms. (Better use H-M-C for anesthesia.

NEW POSTAL RULE.—The new postal rule adopted by Canada works injustice and expense on the American publishers, who have to pay six times more postage on unexpired Canadian subscriptions. Only three weeks' notice was given of the change.

CASTRATION FOR RAPE.—A bill authorizing castration for rape was before the Texas legislature but failed of passage; as did one providing a sanatorium for tuberculosis, and one creating a State Board of Health.—*Red Back.*

EXOPHTHALMIC GOITER.—Spratling says that the lessened chest expansion on forced inspiration —to less than an inch—is as characteristic a sign as the exophthalmos, cardiac hypertrophy and thyroid enlargement.—*St. Louis Med. Review.*

FOOD AND DRUGS LAW.—*The Medical Gleaner* for May contains a valuable and convenient resume of the provisions of the food and drugs law as it relates to physicians and pharmacists. While aimed especially at eclectic interests it supplies the information every physician and

druggist should have to guide him in his practice. Get it, and study it carefully, that you may know The Law and not be caught napping.

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ETHER IDEAL?—If ether is such an ideal anesthetic it is funny that professional anesthetists have so much to say about shock with it. If it is criminal to use any anesthetic but ether why do so many surgeons continue to employ chloroform?

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SCOPOLAMINE ANESTHESIA IN OBSTETRICS.—Gauss analyzes the reports from 1,000 cases of scopolamine anesthesia in obstetrics. Mortality of children one-fourth as great as without the anesthetics, that of mothers not increased.—*Muench. Med. Woch.*

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RENAL CELLS AND SULPHATES.—The permeability of renal cells for sulphates is of high degree, while the intestinal cells possess but the slightest degree. The greatest concentration, naturally, is at the point of entrance and exit of a drug.—V. E. Simpson, *Ky. Med. Journal.*

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CHLOROFORM VS ETHER.—Plethoric subjects whose hearts need sedation, rather than stimulation, do better on chloroform than on ether. Atheroma, aneurism and weak vessel walls forbid ether. In cerebral hemorrhage and most brain surgery chloroform is the better anesthetic.—Thornton.

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FINE DEPARTMENT.—The Department of Pharmacology of the *Ky. Medical Journal* has been placed in charge of Drs. V. E. Simpson and T. C. Holloway. If we are to judge by the fine article by Dr. Simpson in the March number this department promises to be an eye opener to the profession.

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CYCLIC VOMITING.—In a case of cyclic vomiting with hepatic insufficiency, sodium glycocolate and zinc sulphocarbolate were given. The report is as follows: "It is exceedingly interesting that under this treatment the child has been perfectly well." so says the *Courier of Medicine*, and we smile broadly.

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AUTOINTOXICATION.—In the *Journal of the South Carolina Medical Association* for March is a capital editorial on autointoxication. The matter of the importance of keeping the alimentary canal in good condition has always been much better comprehended in the south than in any other part of the country.

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QUICK WORK.—We learn from a distinguished orthodox authority that scopolamine and morphine, once administered as an anesthetic, caused *advanced* fatty degeneration! We are now ready to hear that when administered to a blooming boy of three years he left the operating table a shriveled man of sixty, with a mortgage on his farm.

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PRIORITY IN SCOPOLAMINE-MORPHINE ANESTHESIA.—The *Medical Review* claims for Seelig of St. Louis the credit for the first American work on scopolamine-morphine anesthesia, his paper having appeared in the Review, August 12, 1905. Drs. Lanphear and Abbott have made no claims to originality or priority further than that of placing the method firmly on its feet by devising an apt formula and providing pure drugs and a correct technic. We are more interested in the establishment of the truth than in securing credit for priority.

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AUTOINTOXICATION.—The study of autointoxication has given to the neurologist's work a clinical significance of untold importance. There are patients confined in every insane asylum who would not be there if modern therapeutic measures were more generally known and appreciated by the men in charge of these institutions.—*Int. Jour. Ther.*

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FINE NUMBER OF FINE JOURNAL.—*Therapeutic Medicine* for March is even better than the preceding number; full of therapeutic suggestions of practical value. We could fill pages of CLINICAL MEDICINE with valuable extracts, but this would be doing justice neither to our readers nor to *Therapeutic Medicine*. Send for a copy and get it all.

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OPIUM CURE.—How about that account of an opium cure discovered in Malacca? Is it not about time for the advertiser to come out with his preparation, secured at great expense, and offered at the very low price of ———, etc., for the benefit of the suffering habitue with real money that he can be induced to part with for a rainbow gold-pot?

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YOHIMBINE has been studied by Mueller. He finds that besides its vasodilator action it specifically increases the reflex irritability of that portion of the spinal cord that innervates the generative apparatus. The pelvic hyperemia induced by yohimbine affects the female as well as the male, and increases sexual desire. Loewy enumerates experiments made on animals that confirm these views of Mueller.—*Notes on New Remedies.*

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NOSTRUMS.—*The Medical Standard* objects to the esteemed *J. A. M. A.'s* condemnation of druggists wrapping our medicines in nostrum ads, because no mention is made of the principle of public economy or common honor, neither any limitation of the practice to a wee minority of drug men. The editor didn't happen to have those considerations in his mind just then—had it been any other time—

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A CLUMSY SUBSTITUTE.—Korff has devised a combination of scopolamine hydrobrom. 0.0012 gram and morphine hydrochlor. 0.03 gram, in a hermetically sealed brown glass ampulla, sterilized, for hypodermatic use. It is said to keep for several months. Evidently the making of hypodermic tablets has not reached, in Germany, the perfection it has here, or such a clumsy substitute would not be presented.

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SHOCK.—Strychnine, recommended by many as invaluable, is pronounced by Mummery most dangerous, capable of inducing shock. Morphine is undoubtedly the alkaloid which can be most depended upon; gr. 1-10 as a primary stimulant, full dose for pain. Before operations on the urinary system cardiac stimulation, urinary antisepsis and diuresis should be striven for. In particularly

nervous persons, even with sound hearts, strophanthus or digitalis should be administered for twenty-four hours before operation. In abdominal operations, particularly to remove large tumors, eserine sal., gr. 1-40 to 1-32, should be hypoed with a little morphine before the patient leaves the table.—*Int. Med. Surg.*

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SCIENTIFIC? HARDLY!—"The fact that Ruellia has so far supplanted the real drug as to be studied and described as pinkroot shows that in the majority of cases in which the adulterant was present it has been undecided."—Gordin, *Pharm. Review.* Well, what of it? When the doctor prescribes spigelia he chucks in chenopodium, senna, and any other anthelmintic he can recollect, and gives the mix to the kid at a gulp. How is the doctor to tell if the pinkroot is worthless? But if he gives santonin—that's another story.

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SURGICAL SHOCK.—In the *Indiana Med. Journal* for March Crile contributes an interesting paper on some facts in the surgical physiology of the circulation. He especially points to an important interrelation between the splanchnic area and the brain. Any increase of intracranial vascular tension threatening anemia of the vasomotor center, arouses contraction in the splanchnic area, reestablishing the circulation in the vasomotor center. This center is almost specifically affected in infectious diseases, notably in typhoid fever.

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DELAYED SHOCK is usually another name for shock that is masked by the stimulating effects of ether. Shock may be and often is established by the anesthetist failing to keep the rubber bag partially inflated. If to this is added a too rapid or a too concentrated dose of ether, we find the patient in a collapsed condition before the operation has begun. Even with anesthesia properly induced and maintained we must remember a tremendous strain has been placed upon all the vital functions.—Gwathmey.

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A BENEFICIENT EXPOSE.—Having occasionally felt impelled to differ with Philip Mills Jones in some matters, we are *delighted* to have an opportunity to say a good word for him. In the current issue of his journal is an *expose* of "viavi" that merits the commendation of every practician whose income is cut down by such quackery. We would reproduce the article had we room; but content ourselves with suggesting that readers would do well to send for the number. Would that Jones might feel disposed to let his journalistic brethren alone for a time and turn his energies against our common enemies. Civil war is unprofitable when foreign enemies need opposition.

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ENORMOUS DOSES OF ANTITOXIN.—In the *Texas Courier-Record of Medicine* G. W. Harris reports a case of diphtheria in which 52,000 units of antitoxin were administered. The patient had at least five distinct attacks during the six months of treatment, and the Klebs-Loeffler bacilli were found at every examination during this period. The house was fumigated after each attack. The impression we derive from this remarkable case was that the premises were infected and fumigation was utterly incapable of destroying the cause. The most thorough regulation of the hygienic conditions alone could cope with such a case. We must conclude also that one main reason the child survived was the strychnine arsenate administered during each attack. Calcium sulphide was given during the first three days and then stopped. There is reason for fearing that men may trust too much to this as well as to antitoxin, and neglect the absolutely imperative hygienic regulation.

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BACK TO FLUID EXTRACTS?—R. B. Faulkner, in *American Medicine*, makes a plea for physicians limiting their prescribing to the Pharmacopeia, and advances many reasons, most of which are wise and just. Then he branches off into a puff for the fluid extracts, which the "tablet triturates can never equal in efficiency." He apparently knows nothing at all of the variability of fluid extracts as furnished by various houses, of the liability of these preparations to spontaneous decomposition, and doesn't in the least object to his patients having to take the nauseous stuff.

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STICK TO WHAT YOU KNOW!—Dr. Bouffleur, at the C. M. & St. P. surgeons' meeting in December, remarked that he did not know much about hyoscine, and then proceeded to demonstrate the entire truthfulness of that statement beyond a peradventure. He did "not care to fool with anything, 1-100 grain of which would kill a patient;" hyoscine was supposed to be the same as scopolamine and 1-100 grain of that had killed two persons, etc. Then he went on to talk about some surgical matters he really did know about, and talked so well that we are sorry he did not confine himself to his own chosen field.

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STROPHANTHIN INTRAVENOUSLY.—Starck injects strophanthin intravenously, getting thereby certain advantages. The effect is almost instantly manifested, almost exclusively on the heart, the dosage mathematically exact, the effect amazingly prompt and powerful. The average dose was one milligram—gr. 1-67. In one case of advanced pulmonary edema, moribund, this dose afforded prompt relief, freeing the lungs and raising the output of urine from 700 to 3,000 Cc. in twelve hours. Better results were secured in chronic cases. Strophanthin proved less toxic than was supposed.—*Deutsche Med. Woch.*

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MORPHINE-SCOPOLAMINE.—Korff, who was one of the first to advocate this method of surgical anesthesia, reiterates his favorable views after fuller experience. He finds the failures and accidents reported may be explained, and says his results are excellent so long as his dosage is adhered to. The best dose he places at 1 m. (gr. 1-67) of scopolamine and 2-1-2 cg. (gr. 5-12) of morphine, divided into three doses. He gives the patient a large cup of coffee an hour before the first injection. The first dose is injected two and a half hours before operation, the second an hour later, the third half an hour before the operation. Old persons may require but two doses. In over 400 cases he has not met a single bad result. Forty out of fifty goiter operations were done without any chloroform.—*Berlin Klin. Woch.*